

WEST BENGAL HEALTH SCHEME, 2008

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Government of West Bengal
Finance Department
Medical Cell, Writers' Buildings
Kolkata - 700 001

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PART I—Orders and Notifications by the Governor of West Bengal, the High Court, Government Treasury, etc.

GOVERNMENT OF WEST BENGAL

FINANCE DEPARTMENT

AUDIT BRANCH

NOTIFICATION

No. 7287-F 19-09-2008—The Governor is pleased hereby to make, in addition to the West Bengal Services (Medical Attendance) Rules, 1964, as subsequently amended, the following scheme regulating the medical benefits for the State Government employees and the family members thereto, with a view to providing better medical facilities to such employees and their family members :—

Scheme

1. **Short title and commencement** — (1) This Scheme may be called the West Bengal Health Scheme, 2008.
(2) It shall come into force on such date, as the State Government may, by notification in the *Official Gazette*, appoint.
2. **Application**— (1) This scheme shall apply to the employee and his beneficiary.
(2) The provision of enrolment under this scheme shall be optional.
(3) An employee shall not be entitled to draw the regular medical allowance with effect from the date of effect of such enrolment under clause 4.
(4) An employee and his beneficiary shall be entitled to the facilities under this scheme in addition to the facilities under the West Bengal Services (Medical Attendance) Rules, 1964, as subsequently amended.

(5) An employee shall have the liberty to opt out of this scheme at any time.

Provided that where an employee or his beneficiary has enjoyed any benefit under this scheme, such employee shall not be allowed to opt out the scheme within five years from the month following the month in which he enjoyed the benefit.

3. **Definitions** — In this Scheme, unless there is anything repugnant in the subject or context—

- (a) “approved rates” means such rates as may be notified by the Government from time to time for various services, procedures and investigations required in connection with the medical attendance and treatment of a beneficiary;
- (b) “beneficiary” means a member of the family of an employee;
- (c) “clause” means a clause of the scheme;
- (d) “employee” means an employee of the Government of West Bengal enrolled under clause 4;
- (e) “family”, in relation to an employee, means—
 - (i) children including step-children and unmarried daughters,
 - (ii) minor brothers,
 - (iii) minor sisters,
 - (iv) father or mother whose monthly income does not exceed rupees one thousand five hundred,
 - (v) wife or husband, as the case may be;
- (f) “Form” means a Form appended to this scheme;
- (g) “Government” means Government of West Bengal;
- (h) “hospital or institution” means such hospital or nursing home or institution as may be recognized from time to time by the Government for the purpose of availing benefits of medical attendance and treatment under this scheme;
- (i) “laboratory” means such laboratory or institution as may be recognized by the Government from time to time for availing of benefits of medical attendance and treatment under this scheme;
- (j) “medical attendance” means attendance for professional advice and includes pathological, bacteriological, radiological or other methods of investigations for the purpose of diagnosis which are considered necessary by the attending physician and are carried out in a hospital or institution;
- (k) “specified” means specified by order;
- (l) “treatment” means the use of medical and surgical facilities and includes—
 - (i) the employment of such pathological, bacteriological, radiological or other methods of investigations as are considered necessary by the attending physician;
 - (ii) the use of such medicines, vaccines, serum or other therapeutic substances as may be considered necessary by the attending physician;
 - (iii) medical and surgical services and procedures;
 - (iv) dental treatment;
 - (v) accommodation according to the entitlement of the employee;

- (vi) such nursing as is ordinarily provided at the hospital or such special nursing at the hospital as the authorized medical attending physician at the hospital may certify, in writing, to be essential for the recovery or for the prevention of serious deterioration in the condition of the patient, having regard to the nature of the disease.

4. **Enrolment** – (1) An employee seeking enrolment under the scheme shall exercise his option in Form A, in duplicate, along with an undertaking that upon enrolment under this scheme, such employee shall forgo the regular medical allowance drawn as part of monthly salary.

(2) The option referred to in sub-clause (1) shall be submitted—

- (a) to the Cadre Controlling Department, in case an employee is a member of a constituted State service; and
- (b) to the Head of Office, in case of any other employee.

(3) The Cadre Controlling Authority or the Head of Office, as the case may be, shall, after scrutiny of the option exercised by the employee, issue a certificate of enrolment in Form B in favor of the employee, to be effective from the first day of the month following the month in which the certificate is issued.

(4) The Cadre Controlling Authority or the Head of Office, as the case may be, shall send one copy of the certificate to the Drawing and Disbursing Officer in respect of the employee with a direction to discontinue the drawal of regular medical allowance with effect from the first day of the month following the month in which the certificate is issued.

5. **Facilities** – An employee or a beneficiary of such employee shall be entitled to the following facilities, namely:—

- (a) medical attendance and treatment as an indoor patient in a hospital or an institution; and
- (b) medical attendance and treatment at out patient department of a hospital or an institution, or a clinic attached to such hospital or institution for such diseases, and under such circumstances, as may be specified.

6. **Medical attendance and treatment as an indoor patient in a hospital** – An employee shall be entitled to reimbursement of the cost of his or his beneficiary's medical attendance and treatment, as an indoor patient in a hospital or an institution.

Explanation.— For the purpose of this clause, the expression “cost of medical attendance and treatment” shall include –

- (a) the amount charged by the hospital or institution in accordance with the approved rates;
- (b) the cost of medicines purchased from outside on the advice of the attending physician at the hospital or institution;
- (c) the charges for such pathological, bacteriological, radiological or other methods of investigations as are considered necessary by the attending physician and carried out, on the advice of the attending physician, in a laboratory or institution, other than the hospital or institution in which the patient is treated.

7. **Medical attendance and treatment as an OPD (Out-Patient Department) patient in a hospital** – (1) An employee shall be entitled to reimbursement of the cost of his or his beneficiary's medical attendance and treatment as an OPD patient in a hospital or institution in the following cases : –

- (i) Malignant diseases,
- (ii) Tuberculosis,

- (iii) Hepatitis B/C and other liver diseases,
- (iv) Insulin-dependent diabetes,
- (v) Heart diseases,
- (vi) Neurological disorders/Cerebrovascular disorders,
- (vii) Malignant malaria,
- (viii) Renal failure,
- (ix) Thallasaemia/Bleeding disorders/Platelet disorders,
- (x) Injuries caused by accidents.

(2) An employee or his beneficiary shall also be entitled to reimbursement of the cost of follow-up medical attendance and treatment relating to Neuro Surgery, Cardiac Surgery (Including Coronary Angioplasty and implants), Cancer Surgery/Chemotherapy/Radiotherapy, Renal Transplant, Hip/Knee replacement Surgery and Accident cases received as an OPD patient in a hospital or institution.

Explanation. – For the purpose of this clause, the expression “cost of medical attendance and treatment” shall include–

- (a) the amount charged by the hospital or institution in accordance with the approved rates,
- (b) the cost of medicines purchased from outside on the advice of the attending physician at the hospital or institution.
- (c) the charges for such pathological, bacteriological, radiological or other methods of investigations as are considered necessary by the attending physician and carried out on the advice of the attending physician in a laboratory or institution, other than the hospital or institution in which the patient is treated.

8. **Accommodation**– (1) In the case of medical attendance and treatment as an indoor patient in a hospital or an institution, an employee or his beneficiary shall be entitled to such accommodation as mentioned in column (4) of the Table below, of the category of the employee as mentioned in column (2), to be determined on the basis of the basic pay including dearness pay as mentioned in column (3), respectively, against the Sl. No. as mentioned in column (1) of the said Table :–

Table

Sl. No.	Category of employee	Basic pay including dearness pay	Type of accommodation
(1)	(2)	(3)	(4)
1.	I	Above Rs. 18,000 p.m.	Private Ward
2.	II	Rs. 12,000 p.m. and above but below Rs. 18,000 p.m.	Semi-Private Ward
3.	III	Below Rs. 12,000 p.m.	General Ward

(2) Where the type of accommodation in a hospital does not correspond to the nomenclature as referred to in column (4) of Table to sub-clause (1) or any similar nomenclature, the Government shall, in consultation with the authorities of the hospital concerned, determine the entitlement of the beneficiary.

9. **Tenure** – Notwithstanding anything contained in this scheme and without prejudice to the provisions of sub-clause (2) of clause 7, the cost incurred on account of related medical attendance and treatment received in a hospital or an institution during the period upto 30 days prior to hospitalization and 30 days from the date of discharge, shall be reimbursable.

10. **Issue of Identity Card to employee and beneficiary** – (1) The employee and his beneficiary shall be issued a photo-identity card with a unique identification number under the seal and signature of the issuing authority.

(2) The identification number of the employee and his beneficiary shall consist of three numbers, for example x/y/z, where “x” denotes the code number of the employee, “y” denotes the serial number of the beneficiary belonging to the family of the employee (it being 1 in the case of the employee himself) and “z” denotes the total number of cards issued for the family of the employee.

Explanation.– For the purpose of this clause, the expression “issuing authority” shall mean–

(a) the Cadre Controlling Department, in case an employee is a member of a constituted State service; and

(b) the Head of Office, in case of any other employee.

(3) The blank identity cards with running serial numbers shall be supplied by the Finance Department on the basis of requisition received from the Cadre Controlling Departments, or the Heads of Offices through the administrative departments concerned, as the case may be.

(4) The identity card shall consist of two parts of which the issuing authority shall retain the first part and the second part shall be handed over to the employee concerned.

(5) A list of employees to whom identity cards have been issued shall be forwarded to the Drawing and Disbursing Officer and also to the Finance Department.

(6) The identity card shall have a standard format and shall contain such particulars as the name, the date of birth and the relationship of the beneficiary with the employee.

(7) The colour of the identity card shall be–

(a) yellow, in case employee belonging to category I as mentioned in column (2) against Sl. 1 in column (1) of Table to clause 8;

(b) pink, in case employees belonging to category II as mentioned in column (2) against Sl. 2 in column (1) of Table to clause 8; and

(c) white, in case employees belonging to category III as mentioned in column (2) against Sl. 3 in column (1) of Table to clause 8.

(8) For the purpose of availing the benefits under this scheme, the employee or his beneficiary shall show his identity card to the hospital, laboratory or institution where he receives medical attendance and treatment.

(9) A temporary family permit in Form F may be issued to an employee enrolled under this scheme by the Head of office for a period as may be specified, pending issue of photo-identity cards and such temporary family permit shall entitle the employee and his beneficiary to all the benefits of this scheme.

(10) The identity cards issued under this scheme shall be surrendered to the Cadre Controlling Department, or the Head of Office, as the case may be, at the time of retirement/resignation/on being relieved from Government service.

11. **Intimation of medical attendance and treatment**– An employee shall give an intimation to the Head of office within three days of commencement of his or his beneficiary's medical attendance and treatment :

Provided that where an employee himself is undergoing medical attendance or treatment and not in a position to intimate personally, any member of his family may give such intimation.

12. **Claims for reimbursement of the cost of medical attendance and treatment** – (1) An application for reimbursement of the cost of medical attendance and treatment shall be made by an employee in Form C.

(2) The application for settlement of claim under this scheme shall be made within three months of the completion of treatment –

- (a) to the Secretary of the Department, in case of an employee working in the Secretariat,
 - (b) to the head of the Directorate, in case of an employee working in the headquarters of a Directorate,
 - (c) to the Head of Office, in all other cases.
- (3) The application referred to in sub-clause (1) shall be accompanied with the following documents :-
- (a) essentiality Certificates in Form D;
 - (b) photocopy of the identity card issued to the employee, and where the claim relates to a member of the family of the employee, photocopy of the identity card issued to such member of the family of the employee;
 - (c) all original bills verified by the hospital, laboratory or institution;
 - (d) all original vouchers, cash memos and money receipts;
 - (e) detailed lists of all medicines, laboratory tests, investigations, procedures, number of doctors' visits, etc. with dates, duly countersigned by an authorized person of the hospital where the beneficiary has received medical attendance and treatment, along with a certificate from such authorized person that all charges are as per approved rates. In the bill prepared by the hospital, each service, procedure and investigation for which the beneficiary is charged should be specified, along with this reference number in the approved list;
 - (f) detailed list of all medicines purchased from outside and all laboratory tests, investigations and procedures done in a laboratory, institution or hospital other than the hospital where the patient has received medical attendance and treatment, along with a certificate from an authorized person of the hospital that such medicines had to be purchased or such laboratory tests, investigations and procedures had to be done on the advice of the attending physician of the hospital;
 - (g) photocopy of the intimation given to the Head of the Office of the employee regarding medical attendance and treatment of the employee or the beneficiary member of the family of the employee;
 - (h) Check List in Form E.

13. **Settlement of claims**– (1) The application made under sub-clause (1) of clause 12 for reimbursement shall be processed by the concerned Department, the Directorate or the Office, as the case may be, under which the employee is presently working and the admissible cost of medical attendance and treatment shall be worked out on the basis of the approved rates.

(2) The sanctioning authority for reimbursement of the cost of medical attendance and treatment in the case of an employee working in the Secretariat shall be the Secretary:

Provided that the Secretary may delegate this power to a Special Secretary, or a Head of Department not below the rank of Special Secretary to the Government, subject to the limits of –

(i) for medical attendance and treatment as an indoor patient in a hospital, Rs. 50,000,

(ii) for medical attendance and treatment as an OPD patient in a hospital, Rs. 5,000.

(3) The sanctioning authority in the case of an employee working in the headquarters of a Directorate shall be the Head of the Directorate, where the claim does not exceed Rs. 50,000 for indoor treatment and Rs. 5,000 in case of OPD treatment, and the Secretary of the Department where the claim exceeds these limits.

(4) The sanctioning authority in case of all other employees shall be the head of Office where the claim does not exceed Rs. 30,000 for indoor treatment and Rs. 3,000 for OPD treatment, the Head of the Directorate where the claim exceeds these limits but does not exceed Rs. 50,000 for indoor treatment and Rs. 5,000 for OPD treatment, and the Secretary of the department in all other cases.

14. Treatment in a hospital or institution outside the State– (1) Notwithstanding anything contained elsewhere in this scheme, the Government may recognize specialized hospitals and institution outside the State for treatment of specific diseases.

(2) Prior approval of the Secretary of the department shall be obtained before receiving medical attendance and treatment in these hospitals or institutions.

(3) Claim for reimbursement of the cost of medical attendance and treatment in these hospitals or institutions shall be allowed on the basis of the rates of various services provided by and investigations and procedures carried out by these hospitals/institutions in the course of medical attendance and treatment.

15. Medical advance– (1) The sanctioning authority for reimbursement of the cost of medical attendance and treatment may grant medical advance on submission of a certificate estimate from the hospital in which medical attendance and treatment is received as an indoor patient.

(2) The Advance shall not exceed 80 per cent of the estimated cost of medical attendance and treatment.

(3) The medical advance shall be adjusted against the admissible cost of medical attendance and treatment, excess, if any, shall be refunded by the employee. If medical attendance and treatment is not received within 60 days of receipt of medical advance, the entire advance shall be refunded by the employee on the expiry of this period.

16. Applicability of benefit of Scheme to retired Government employees and their family members– The benefit of the Scheme shall be applicable for the retired State Government employees and their family members, to such extent and on such terms and conditions as may be specified.

17. Operational guidelines, clarifications, etc.– (1) The Finance Department, in consultation with the Health and Family Welfare Department wherever necessary, shall issue operational guidelines, clarifications, etc. for implementation of the scheme.

(2) If any difficulty arises in the course of implementation of the scheme, it shall be referred to the Finance Department and the decision of the Finance Department thereon shall be final.

FORM A**Application for enrolment**

(See sub-clause (1) of clause 4)

To

The(Cadre Controlling Authority/Head of Office)

Sir,

I, Shri/Smt(designation).....attached to
(office) under(Department) do hereby opt for coming under
 the West Bengal Health Scheme, 2008, with effect from

The particulars of the members of my family as defined in para 3(e) of the
 Scheme are as follows :

Name of Government employee :
 Designation :
 Residential address :
 Date of birth :
 Date of entry into Government service :
 Date of superannuation :
 Present pay (Basic + Dearness Pay) :

Details of Family

Sl. No.	Name	Age	Relationship	Monthly income, if any
1.				
2.				
3.				
4.				
5.				

I do hereby declare that upon enrolment under the above scheme I shall forgo the regular medical allowance drawn by me as part of salary.

I further declare that I shall abide by the provisions of the West Bengal Health Scheme, 2008, as may be in force from time to time.

Signature of the Applicant

FORM B**Certificate of enrolment**

(See sub-clause (3) of clause 4)

Certified that Shri/Smt(designation) attached to
(office) under..... Department has
 been enrolled under the West Bengal Health Scheme, 2008, with effect from

The particulars of the members of his family as defined in para 3(e) of the Scheme are as follows :

Name of Government employee :
 Designation :
 Residential address :
 Date of birth :
 Date of entry into Government service :
 Date of superannuation :
 Present pay (Basic + Dearness Pay) :

Details of Family

Sl. No.	Name	Age	Relationship	Monthly income, if any
1.				
2.				
3.				
4.				
5.				

Signature of the Cadre Controlling Authority/Head of the Office

Copy forwarded for information and necessary action to :

1. Shri/Smt(designation)
2. The(Drawing and Disbursing Officer).
 He is requested to discontinue the drawal of regular medical allowance in respect of Shri/Smt
with effect from

FORM C**Application Form for settlement of claim for reimbursement.**

(See sub-clause (1) of clause 12)

(To be filled in by the applicant)

1. Identity Card (meant for the Scheme) No. :
2. Full name of the Govt. Employee with designation :
(in Block letters)
3. Full Address :
 - (i) Office :
 - (ii) Residence :
4. Name of the patient & relationship with the Govt. Employee :
5. Pay (Basic + Dearness Pay) :
6. Name of the Hospital with address :
 - (a) OPD treatment & investigation
 - (b) Indoor treatment & investigation
7. Date of admission : _____ Date of discharge : _____
(in case of indoor treatment only)
8. Total amount claimed –
 - (a) OPD treatment :
 - (b) Indoor treatment :
9. Details of permission :
10. Details of Medical advance, if any :

DECLARATION

I hereby declare that the statements made in the application are true to the best of my knowledge and belief and the person for whom medical expenses were incurred is wholly dependent on me. I am a beneficiary of the West Bengal Health Scheme, 2008, and the card issued under the Scheme was valid at the time of treatment. I agree for the reimbursement as is admissible under the rules.

Date :

Signature of the Govt. Employee

FORM D**Essentiality Certificate-cum-Statement of Expenditure Certified by Treating Specialist**

(See sub-clause (3) of clause 12)

(to be submitted in duplicate)

(Strike out whichever is not applicable)

1. Name of the patient and relationship :
with Govt. Employee

2. Details of expenditure :

(A) OPD TreatmentDiagnosis

(I) Name of the Hospital :

(II) Total No. of vouchers :

(III) Amount claimed :

(Indicate serial number of individual vouchers with name and address of the shops with date against each sub-heading in a separate annexure wherever required)

	Amount Claimed	Amount admissible (for official use)
(a) Medicine
(b) Consultation fees
(Specify number of consultations)		
(c) Laboratory charges
(Break-up in a separate annexure)		
(d) Disposable surgical Sundries
(e) Special devices like hearing aid/artificial appliances etc. (specify)
(f) Miscellaneous (specify)

Total :

(B) Indoor TreatmentDiagnosis

(To be marked N.A. wherever necessary)

(Details of Hospital Bill and other vouchers pertaining to the period of indoor treatment)

- (a) Name of the Hospital with :
address
- (b) Period of Bill : From _____ To _____
- (c) Amount claimed
(indicate serial number of individual vouchers with name and address of shops with date against each sub-heading in a separate annexure wherever required)

	Amount Claimed	Amount admissible (for official use)
(i) Room Rent : (ICU/ICCU/Ward) From _____ To _____
(ii) Charges for :		
(a) O.T.
(b) O.T. Consumables
(c) Anesthesia
(d) Procedure
(iii) Medicines
(iv) Implants like pacemaker, Joint Replacement, coronary stent etc. (details)
(v) Artificial devices (details)
(vi) Lab Charges (Break-Up given in Annexure)
(vii) Spl. Nurse/Ayah, if any
(viii) Miscellaneous
Total :

(Signature of Claimant)

Name in Block Letters

Address :

1. Certified that the relevant bills/vouchers have been verified by me and the expenditure shown above is correct and the treatment services provided are essential and minimum that required for the recovery of the patient
2. Certified that the services of Special Nurse/Ayah were required from _____ to _____ that were absolutely essential for the recovery of the patient.
3. Specific procedure/Operation performed was _____

*(Signature of the Treating Specialist
with official seal)*

Countersigned by Medical Superintendent
of the Hospital with seal
(For Indoor treatment only)

FORM E

Checklist For Reimbursement of Medical Claims

(See sub-clause (3) of clause 12)

1. Card No. and place of issue : _____
2. Entitlement : Private/Semi-Private/General ward
3. Full name of Card Holder Govt. employee : _____
(block letters)
4. Designation : _____
5. The following documents are submitted : _____
(please tick [✓] the relevant column)
 - (a) Photocopy of the identity : Yes/No.
 - (b) Essentiality Certificate : Yes/No.
 - (c) Number of original bills : _____
 - (d) Whether original bills/vouchers have : Yes/No.
been verified
 - (e) Copy of discharge summary : Yes/No.
 - (f) Copy of permission letter : Yes/No.
 - (g) Whether the hospital has given break : Yes/No.
up for lab investigations

(h) Original papers have been lost the following documents are submitted

(I) Photocopies of claim paper : Yes/No.

(II) Affidavit on stamp paper : Yes/No.

(i) In case of death of card-holder the following documents are submitted

(I) Affidavit on stamp paper by claimant : Yes/No.

(II) No objection from other legal heirs on stamp papers : Yes/No.

(III) Copy of death certificate : Yes/No.

Dated.....

Signature of the Applicant

Form - F

Temporary Family Permit

[See sub-clause (9) of clause 10]

1. Name of the Govt. employee :
2. Employee code No. (GPF No.) :
3. Designation :
4. Present Pay (Basic pay+Dearness Pay) :
5. Entitlement of accommodation :
6. Date of birth :
7. Date of Superannuation :
8. Residential address :
9. Details of Family :

SI. No.	Name	Age	Relationship	Monthly Income, if any.
1.				
2.				
3.				
4.				
5.				

Shri/Smt. attached to(office) under
..... Department has been enrolled under the West Bengal Health Scheme, 2008 with
effect from

He/She and his/her family members are entitled to the medical attendance and treatment in a Govt. Hospital/
enlisted Pvt. Hospital or Institution etc. in the entitled class mentioned in SI. No.5

This permit is valid for 6 (six) months from the date of issue.

Signature of Cadre controlling authority/Head of the office.

By order of the Governor,

D. MUKHOPADHYAY,
Principal Secy. to the Govt. of West Bengal.

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PART I—Orders and Notifications by the Governor of West Bengal, the High Court, Government Treasury, etc.

Government of West Bengal
Finance Department
Audit Branch

NOTIFICATION

No: 3472-F

dt. : 11.05.09.

In exercise of the power conferred by Sub-clause (2) of Clause- 1 of the West Bengal Health Scheme, 2008, the Governor is hereby pleased to appoint the 1st June, 2009 as the date on which the said Scheme shall come into force.

By order of the Governor,

D. Mukhopadhyay,
Principal Secretary to the
Govt. of West Bengal.

**Government of West Bengal
Finance Department
Audit Branch**

NOTIFICATION

No: 3473 F

dt. : 11.05.09.

The Governor is pleased to recognize the following Hospitals/ Institutions, Laboratories/ Diagnostic Centres for the purpose of availing benefits of medical attendance and treatment under the West Bengal Health Scheme, 2008.

- (i) **All Hospitals (all systems of medicines), clinics, laboratories and diagnostic centres under the management of the Govt. of West Bengal. (Code: 0110000)**
- (ii) **All hospitals, clinics, diagnostic centres managed by the Municipal Corporations/ Municipalities and the other Local Bodies within the State of West Bengal. (Code: 0210000)**
- (iii) **State aided Hospitals (Code: 03), as follows:-**
 - (a) Ramkrishna Mission Seva Pratisthan, Sarat Bose Road, Kolkata. **(Code: 0310001)**
 - (b) Islamia Hospital, Kolkata, **(Code: 0310002)**
 - (c) Marwari Relief Society Hospital, Kolkata, **(Code: 0310003)**
 - (d) Institute of Child Care, Kolkata, **(Code: 0310004)**
 - (e) Balananda Brahmachari Hospital, Behala, Kolkata, **(Code: 0310005)**
 - (f) Chittaranjan Cancer Hospital, Kolkata, **(Code: 0310006)**
 - (g) Ramkrishna Sarada Mission Matri Bhavan, 7A, Sree Mohan Lane, Kolkata- 28. **(Code: 0310007)**
 - (h) Dr. M. N. Chatterjee Memorial Eye Hospital, Kolkata, **(Code: 0310008)**
 - (i) Ramkrishna Matri Mangal Pratisthan and B.C.Roy Sishu Sadan, Ariahdah, North 24 Parganas, **(Code: 0310009)**
 - (j) J. N. Roy Sishu Seva Bhavan, Kolkata, **(Code: 0310010)**
 - (k) Chartoris Hospital, Kalimpong, Darjeeling, **(Code: 0310011)**
 - (l) Kalimpong Leprosy Hospital, Kalimpong, Darjeeling, **(Code: 0310012)**
 - (m) Sri Balaram Seva Mandir, Khardah, North 24 Parganas. **(Code: 0310013)**
- (iv) **Empanelled Private Hospitals, Nursing Homes, Institutions, Clinics, Laboratories, Diagnostic Centres within the State (Code: 04)** as per list attached in **Annexure- A**. Such Private Hospitals, Nursing Homes, etc has been classified into **Class- 1, Class- 2** and **Class- 3** Service Provider on the basis of facilities available there. Each empanelled Hospital/ Diagnostic Centre has come into agreement with the Govt. of West Bengal on the basis of Memorandum of Agreement and the agreement shall remain in force for a period of 2 (two) years or till it is modified or revoked whichever is earlier.

(v) Speciality Hospitals outside the State (Code: 05) :—

- (a) All India Institute of Medical Sciences, New Delhi, **(Code: 0510001)**
- (b) Post Graduate Institute of Medical Education and Research, Chandigarh, **(Code: 0510002)**
- (c) Tata Memorial Hospital, Mumbai, **(Code: 0510003)**
- (d) N I M H A N S, Bangalore, **(Code: 0510004)**
- (e) Christian Medical College, Vellore, Tamil Nadu, **(Code: 0510005)**
- (f) Apollo Hospitals, Chennai, Tamil Nadu, **(Code: 0510006)**
- (g) Sankara Netralaya, Chennai, Tamil Nadu. **(Code: 0510007)**
- (h) L.V.Prasad Eye Hospital, Hyderabad, Andhrapradesh, **(Code: 0510008)**

2. The Governor is further pleased to approve the rates for Specialised Medical Treatment/ Services, Procedures and Investigations required in connection with the medical attendance and treatment of a beneficiary within the State as per list at **Annexure- B** attached. The rates shall be valid for two years.

- Note:**
- (a) **Class- 1 Service Providers (Code: 1)** shall charge 100% of the approved rate or actual rate of the Service Provider whichever is less.
 - (b) **Class- 2 Service Providers (Code: 2)** shall charge 80% of the approved rate or actual rate of the Service Provider whichever is less.
 - (c) **Class- 3 Service Providers (Code: 3)** shall charge 70% of the approved rate or actual rate of the Service Provider whichever is less.

3. The Governor is also pleased to make the following amendment to the West Bengal Health Scheme, 2008 —

for table under **Clause- 8** substitute the following table:—

Sl. No.	Category of Employee	Basic Pay (Band Pay including Grade Pay)	Type of accommodation
(1)	(2)	(3)	(4)
1.	I	Above Rs. 27,000 p.m.	Private Ward
2.	II	Rs. 18,000 p.m. and above but below Rs. 27,000 p.m.	Semi-Private Ward
3.	III	Below Rs. 18,000 p.m.	General Ward

By order of the Governor

D. Mukhopadhyay,
Principal Secretary to the
Government of West Bengal

Annexure- A
(Notification No. 3473-F dt 11.05.09.)
PRIVATE HOSPITALS/ SPECIALITY HOSPITALS (Class Code : 1)
Class-1 Service Provider

Sl. No.	Name of Health Care Organization (H.C.O.)	Address of H.C.O.	Class Recommended
0411001	P N Memorial Neuro Centre & Research Centre Ltd.	Desun More, Kasba, Kolkata-107. Tel No. (033) 2443-4567	Class- 1 Multi Speciality Hospital
0411002	The Calcutta Medical Research Institute	7/ 2 DH Rd, Kolkata Tel No. 033-2456-7700	Class- 1 Multi Speciality Hospital
0411003	Nightingale Hospital	11 Shakespeare Sarani, Kolkata Tel No. 033-2282-7263	Class- 1 Multi Speciality Hospital
0411004	Apollo Gleneagles Hospital	58, Canal Circular Rd., Kolkata-700054. Tel No. 033-2320-3040	Class- 1 Multi Speciality Hospital
0411005	Advanced Medicare & Research Institute	P- 4 & 5 CIT Scheme LXXII, Block- A, Gariahat Rd., Kol- 29. Tel No. 033-2440-4803	Class- 1 Multi Speciality Hospital
0411006	Malda Nursing home	B.G.Road, Makdumpur, Malda Tel No. 9434039705	Class- 1 Multi Speciality Hospital
0411007	B.M. Birla Heart Research Centre	1/ 1 National Library Avenue, Kolkata-27. Tel No. (033) 2456-7890	Class- 1 Cardiac Care Uni-Speciality Hospital
0411008	R N Tagore International Inst. Of cardiac Sciences	124 Mukundapur EM Bypass, Kolkata- 99. Tel No. 033-2436-1268	Class- 1 Multi Speciality Hospital
0411009	Medica ENT Institute	P-13, Nirala Co-operative , Mukundapur, Kolkata - 700099 Tel No. 033-2426-4901	Class- 1 ENT Uni Speciality Centre
0411010	Medica North Bengal Clinic	Meghnad Saha Sarani, Pradhan Nagar, Siliguri – 734003 Tele No. 03532518667	Class- 1 Multi Speciality Hospital with Diagnostic facility
0411011	Ruby General Hospital	Kasba Gol Park, EM Bypass Kolkata-700 107 Tele No. (033) 2442-6091	Class-1, Multi Speciality Hospital with Diagnostic facility

Annexure- A
(Notification No. 3473-F dt 11.05.09.)
Class-2 Service Provider (Class Code: 2)

Sl. No.	Name of Health Care Organization (H.C.O.)	Address of H.C.O.	Class Recommended
0412201	Silverline Eye Hospital	396 Prince Anwar Shah Rd, Kolkata-45. Tel No. 9830147894	Class- 2 Eye Care Centre
0412202	Eye Care & Research Centre	Biplabi Niketan, 12A Biresw Guha Street, Kolkata-700017 Tel No. 033-2280-2809	Class- 2 Eye Care Centre (Day Care)
0412203	Care & Cure Hospital	Samarendranath Colony, P.O.-Nabapally, Barasat, North 24 Parganas, Pin 700126. Tel No. 033-2542-6732	Class 2 Multi Speciality Hospital
0412204	Kalyan General Hospital	Budbud Bypass North, Budbud, Burdwan Tel No. 0343-6454-761	Class-2 Multi Speciality Hospital with Diagnostic Centre
0412205	Bankura Seva Niketan	Patpur, Jail Road, Bankura-722101. Tel No. 9332915566	Class - 2, Multi Speciality Hospital

Class-3 Service Provider (Class Code: 3)

Sl. No.	Name of Health Care Organization (H.C.O.)	Address of H.C.O.	Class Recommended
0413401	Sunrise Nursing Home (P) Ltd.	Udham Singh Sarani, Ashrampara, Sevoke Road, Siliguri, Darjeeling Tele No. 0353-2643692	Class 3 Multi Speciality Hospital

Annexure- A
(Notification No. 3473-F dt 11.05.09.)

DIAGNOSTIC CENTRES
Class-1 Service Provider

Sl. No.	Name of Health Care Organization (H.C.O)	Address of H.C.O.	Class Recommended
0421001	Ashok Laboratory	390 B Jodhpur Park, Kolkata-68. Tel No. 033-2472-4068	Class-1 Diagnostic
0421002	Neon Health Care & Research Institute Ltd.	S 16 Kasba Industrial Estate, Kol- 107 Tel No. 9903197808	Class-1 Diagnostic
0421003	Sono Scan Diagnostic Centre	BG Road, Makdumpur, Malda Tel No. 9434039705	Class-1 Diagnostic
0421004	Pulse Diagnostic Pvt. Ltd.	75, Sarat Bose Road, Kolkata-29. Tel No. 033-2454-6142	Class-1 Diagnostic

Class-2 Service Provider

Sl. No.	Name of Health Care Organization (H.C.O)	Address of H.C.O.	Class Recommended
0422201	Mediclue Research & Diagnostic Pvt. Ltd.	68 Chowringhee Rd, Kolkata-20. Tel No. 033-2241-5907	Class-2 Diagnostic
0422202	Suraksha Diagnostic & Eye Care Pvt. Ltd.	P 118 CIT Rd, Kolkata- 54. Tel No. 033-2941-8566	Class-2 Diagnostic
0422203	Suraksha Diagnostic Pvt. Ltd.	Keshtopur Clinic, Kolkata- 101. Tel No. 033-2941-8566	Class-2 Diagnostic
0422204	Suraksha Diagnostic Pvt. Ltd.	Rajbaripara, Jalpaiguri-735101	Class-2 Diagnostic
0422205	Suraksha Diagnostic & Eye Centre Pvt. Ltd.	15/ 10 Udham Singh Sarani, Siliguri	Class-2 Diagnostic
0422206	Eastern Diagnostic Centre Ltd.	13C, Mirza Galib Street, Kolkata- 700016 Tel No. 033-2217-8080	Class-2 Diagnostic

Class-3 Service Provider

Sl. No.	Name of Health Care Organization (H.C.O)	Address of H.C.O.	Class Recommended
0423401	Narcissus Medical Centre	12, Dr. G. C. Goswami Street, Serampur, Hooghly-712201 Tel No. (033)-2652-2286	Class-3, Diagnostic

Annexure- B

(Notification No. 3473-F dt 11.05.09.)

Rate list for Health Care Organizations empanelled under the West Bengal Health Scheme 2008.

Given below is the list of maximum allowable rates to be charged from the beneficiaries of the West Bengal Health Scheme 2008.

APPROVED PACKAGE RATES

A) Package rate is defined as lump sum cost of inpatient treatment/day care. This includes all charges pertaining to a particular treatment / procedure including:

- i. Registration charges,
- ii. Admission charges.
- iii. Accommodation charges including diet for the patient,
- iv. Operation charges
- v. Injection charges,
- vi. Dressing charges,
- vii. All Doctor/consultant visit charges,
- viii. ICU/CCU charges,
- ix. Monitoring charges,
- x. Transfusion charges,
- xi. Anaesthesia charges,
- xii. Operation theatre charges,
- xiii. Procedural charges/surgeon's fee,
- xiv. Cost of all surgical disposables and all sundries used during hospitalization,
- xv. Cost of all medicines.
- xvi. All related routine and essential investigations,
- xvii. Nursing Care and charges for its services,
- xviii. Physiotherapy charges etc. from the time of admission to time of discharge. The above list is an illustrative one only.

The package rate, however, does not include expenses on:

(a) i. telephone, ii. tonics, iii. cosmetics & toiletries.

(b) Cost of devices/ implants like Pace maker, Stents, Heart Valves, etc.

B) The rate quoted for a particular procedure is inclusive of all sub-procedures and all related procedures to complete the treatment. As an illustration, it may be noted that for 'Knee replacement' the quoted rate is inclusive of cost of implants, disposables like bandages, anaesthetic drugs, syringes, etc. Similarly, for TRUP, the procedures such as Urethral Catheterization, Cystoscopy, etc. should not be billed separately as they are all part of the Procedure i.e. TRUP.

C) The package rates of Indoor Treatment are of following duration of hospitalization -

- i. 12 days for specialized procedure,
- ii. 7 - 8 days for other procedure,
- iii. 3 days for Laparoscopic Surgery,
- iv. 1 day for day care / minor procedures (OPD),

No additional charge on account of extended period of any stay shall be allowed if extension is due to improper procedure or infection as the consequences of surgical procedure done and not justified.

Recognised Private hospital/diagnostic centres have entered into an agreement with the WBHS Authority for providing services at their notified rates or scheduled rates approved by the Government, whichever is less. The beneficiaries will be charged from the scheduled rates according to the Class of Service provider as given below:

1. Class 1 Service Provider- Full rates
2. Class 2 Service Provider- 80% of full rates
3. Class 3 Service Provider- 70% of full rates

Annexure- B
(Notification No. 3473-F dt 11.05.09.)

Rate list for Health Care Organizations empanelled under the West Bengal Health Scheme 2008.

RATES LIST OF PROCEDURES :

01 – PROCEDURES

CODE	NAME OF TREATMENT PROCEDURE	Maximum Approved Rate (INR) (Rs.)
	001-GENERAL	
01001001	First Consultation by Medical Officer / Resident Doctor	Rs.150/-
01001002	Subsequent Consultation by Medical Officer / Resident Doctor	Rs.150/-
01001003	First Visit by Specialists	Rs.150/-
01001004	Revisit by Specialists or each subsequent visit	Rs.150/-
01001005	Injections - SC	Rs.18/-
01001006	Injection - IM	Rs.24/-
01001007	Injection - IV	Rs.24/-
01001008	Single Drug Therapy per day	Rs.576/-
01001009	Multiple Drug Therapy per day	Rs.768/-
01001010	Infusional Chemotherapy	Rs.864/-
01001011	Dressings Large	Rs.144/-
01001012	Suturing without local anaesthesia	Rs.372/-
01001013	Suturing of wounds with local anaesthesia	Rs.498/-
01001014	Removal of Foreign body	Rs.1091/-
01001015	Removal of Benign Tumor	Rs.1091/-
01001016	Aspiration Plural Effusion - Therapeutic	Rs.960/-
01001017	Abdominal Aspiration - Therapeutic	Rs.1260/-
01001018	Pericardial Aspiration	Rs.364/-
01001019	Bone Marrow Aspiration	Rs.630/-
01001020	Joints Aspiration	Rs.558/-
01001021	Strapping	Rs 96/-
01001022	Removal of Stitches	Rs.60/-
01001023	Venesection	Rs.264/-
01001024	Phimosis Under LA	Rs.1446/-

CODE	NAME OF TREATMENT PROCEDURE	Maximum Approved Rate (INR) (Rs.)
01001025	Lumbar puncture	Rs.660/-
01001026	Sternal puncture	Rs.600/-
01001027	Injection for Haemorrhoids	Rs.960/-
01001028	Injection for Varicose Veins	Rs.1278/-
01001029	Catheterisation	Rs.116/-
01001030	Dilatation of Urethra	Rs.1020/-
01001031	Incision & Drainage	Rs.582/-
01001032	Intercostal Drainage	Rs.966/-
01001033	Peritoneal dialysis	Rs.1818/-
	002 - Skin	
01002001	Excision of Moles	Rs 570/-
01002002	Excision of Warts	Rs.570/-
01002003	Excision of Molluscum contagiosum	Rs 570/-
01002004	Excision of Veneral Warts	Rs.600/-
01002005	Excision of Corns	Rs.540/-
01002006	I/D Injection Keloid of Acne	Rs.300/-
01002007	Chemical Cautery (per sitting)	Rs.120/-
	003 - E.N.T.	
01003001	Speech therapy per session of 30-40 minutes	Rs.180/-
01003002	Removal of foreign body From Nose	Rs.240/-
01003003	Removal of foreign body From Ear	Rs.240/-
01003004	Syringing	Rs.300/-
01003005	Polyp removal under LA	Rs.774/-
01003006	Peritonsillar abscess drainage under LA	Rs.1548/-
01003007	Ear Piercing	Rs.570/-
01003008	Myringoplasty	Rs.10680/-
01003009	Stapedectomy	Rs.12000/-
01003010	Myringotomy	Rs.4800/-
01003011	Grommet Insertion	Rs.5076/-
01003012	Tympanotomy	Rs.5400/-
01003013	Paracentesis	Rs.4314/-
01003014	Tympanoplasty	Rs.10080/-

Annexure- B
(Notification No. 3473-F dt 11.05.09.)

Rate list for Health Care Organizations empanelled under the West Bengal Health Scheme 2008.

CODE	NAME OF TREATMENT PROCEDURE	Maximum Approved Rate (INR) (Rs.)	CODE	NAME OF TREATMENT PROCEDURE	Maximum Approved Rate (INR) (Rs.)
01003015	Mastoidectomy	Rs.15600/-	01004002	Cauterisation of ulcer/subconjunctival injection - Both eyes	Rs.290/-
01003016	Otoplasty	Rs.15600/-	01004003	Retrobulbar Injection - One Eye	Rs.192/-
01003017	Labyrinthectomy	Rs.15600/-	01004004	Retrobulbar Injection - Both Eyes	Rs.288/-
01003018	Skull Base surgery	Rs.37936/-	01004005	Syringing of Lacrimal Sac - For one eye	Rs.180/-
01003019	Facial Nerve Decompression	Rs.17232/-	01004006	Syringing of Lacrimal Sac - For both eyes	Rs.264/-
01003020	Septoplasty	Rs.10200/-	01004007	Paracentesis	Rs.780/-
01003021	Submucous Resection	Rs.10800/-	01004008	Foreign body removal	Rs.300/-
01003022	Septo-rhinoplasty	Rs.11530/-	01004009	Refraction/Fundoscopy	Rs.84/-
01003023	Rhinoplasty	Rs.12000/-	01004010	Ortho-optic exercises	Rs.96/-
01003024	Fracture Reduction	Rs.9000/-	01004011	Pleptoptic Exercises	Rs.96/-
01003025	Intra Nasal Diathermy	Rs. 6000/-	01004012	Chalazion operation -One Eye	Rs.780/-
01003026	Turbineotomy	Rs. 9600/-	01004013	Chalazion operation - Both Eyes	Rs.970/-
01003027	Endoscopic DCR	Rs. 7500/-	01004014	Dressing (Eye)	Rs.90/-
01003028	Endoscopic Surgery	Rs.11472/-	01004015	Clinical Photography	Rs.90/-
01003029	Septal Perf. Repair	Rs.11400/-	01004016	Pterygium	Rs.2154/-
01003030	Antrum Puncture	Rs.4938/-	01004017	Orbitotomy	Rs.3485/-
01003031	Lateral Rhinotomy	Rs.1320/-	01004018	Ptosis correction	Rs.6480/-
01003032	Cranio-facial resection	Rs.19200/-	01004019	Ectropion Correction	Rs.3600/-
01003033	Ethamoidectomy	Rs.17616/-	01004020	Xenon Arc Laser	Rs.702/-
01003034	Caldwell Luc Surgery	Rs.11472/-	01004021	D C R (Dacryo custo-rhinostomy)	Rs.5700/-
01003035	Angiofibroma Excision	Rs.13200/-	01004022	ECCE/ICCE	Rs.5064/-
01003036	Endoscopic Hypophysectomy	Rs.15600/-	01004023	Epicanthus correction.	Rs.2040/-
01003037	Endoscopic Optic Nerve Decompression	Rs.15300/-	01004024	Squint Correction	Rs.5850/-
01003038	Decompression of Optic Nerve	Rs.12000/-	01004025	Keratoplasty	Rs.13800/-
01003039	Ranula Excision	Rs.9600/-	01004026	Trabeculotomy	Rs.5700/-
01003040	Tongue Tie excision	Rs.8100/-	01004027	Trabeculectomy	Rs.5700/-
01003041	Sub Mandibular Duct Lithotomy	Rs.9696/-	01004028	Iridectomy	Rs.2340/-
01003042	Adenoidectomy	Rs.10536/-	01004029	Goniotomy	Rs.2400/-
01003043	Palatopharyngoplasty	Rs.15048/-	01004030	Scaleral Bukling (Retinal Detachment Surgery)	Rs.11274/-
01003044	Cleft Palate repair	Rs.15600/-			
01003045	Pharyngoplasty	Rs.15600/-			
01003046	Styloidectomy	Rs.11472/-			
	004 - Eye				
01004001	Cauterisation of ulcer/subconjunctival injection - One eye	Rs.194/-			

Annexure- B
(Notification No. 3473-F dt 11.05.09.)

Rate list for Health Care Organizations empanelled under the West Bengal Health Scheme 2008.

CODE	NAME OF TREATMENT PROCEDURE	Maximum Approved Rate (INR) (Rs.)	CODE	NAME OF TREATMENT PROCEDURE	Maximum Approved Rate (INR) (Rs.)
01004031	Syringing & Probing	Rs.1056/-	01006009	Nasal bone fracture	Rs.420/-
01004032	Vitrectomy	Rs.10560/-	01006010	Figure of 8 bandage	Rs.450/-
01004033	Enucleation	Rs.3900/-	01006011	Collar and cuff sling	Rs.420/-
01004034	Eviseration	Rs.3720/-	01006012	Ball bandage	Rs.420/-
01004035	Entropion correction	Rs.2940/-		007 - Physiotherapy	
01004036	Cataract with IOL (Cost of lens extra)	Rs.7500/-	01007001	Ultrasonic therapy (per sitting)	Rs.66/-
	005 - Orthopaedic & Plaster Work		01007002	S.W. Diathermy (per sitting)	Rs.84/-
01005001	Fingers (post, slab)	Rs.288/-	01007003	Electrical stimulation (therapeutic) (per sitting)	Rs.72/-
01005002	Fingers full plaster	Rs.288/-	01007004	Infra red (per sitting)	Rs.84/-
01005003	Colles Fracture - Below elbow	Rs.1200/-	01007005	U.V. Therapeutic dose (per sitting)	Rs.84/-
01005004	Colles Fracture - Full plaster	Rs.1968/-	01007006	Electric vibrator (per sitting)	Rs. 84/-
01005005	Colles fracture Ant. Or post. slab	Rs.1020/-	01007007	Vibrator belt massage (per sitting)	Rs.84/-
01005006	Above elbow full plaster	Rs.960/-	01007008	Intra Lumbar Traction (per sitting)	Rs.84/-
01005007	Above Knee post-slab	Rs.678/-	01007009	Intermittent Cervical traction (per sitting)	Rs.72/-
01005008	Below Knee full plaster	Rs.990/-	01007010	Combined Lumbar & Cervical traction (per sitting)	Rs.72/-
01005009	Below Knee post-slab	Rs.750/-	01007011	Wax bath (per sitting)	Rs.48/-
01005010	Tube Plaster (or plaster cylinder)	Rs.1440/-	01007012	Hot pack (per sitting)	Rs.66/-
01005011	Above knee full plaster	Rs.2400/-	01007013	Whirl pool bath (per sitting)	Rs.84/-
01005012	Above knee full slab	Rs.2220/-	01007014	Obesity Exercises (per sitting)	Rs.58/-
01005013	Minerva Jacket	Rs.4020/-	01007015	Breathing Exercises & Postural Drainage (per sitting)	Rs.64/-
01005014	Plaster Jacket	Rs.3048/-	01007016	Cerebral Palsy - Massage (per sitting)	Rs.84/-
01005015	Shoulder spica	Rs.3348/-	01007017	Post - polio exercise (per sitting)	Rs.60/-
01005016	Single Hip spica	Rs.3090/-		008 - Dental	
01005017	Double Hip spica	Rs.3792/-	01008001	Extraction of tooth including LA	Rs.121/-
	006 - Strapping.				
01006001	Strapping of Finger	Rs.192/-			
01006002	Strapping of Toes	Rs.192/-			
01006003	Strapping of Wrist	Rs.360/-			
01006004	Strapping of Elbow	Rs.384/-			
01006005	Strapping of Knee	Rs.384/-			
01006006	Strapping of Ankle	Rs.372/-			
01006007	Strapping of Chest	Rs.480/-			
01006008	Strapping of Shoulder	Rs.450/-			

Annexure- B
(Notification No. 3473-F dt 11.05.09.)

Rate list for Health Care Organizations empanelled under the West Bengal Health Scheme 2008.

CODE	NAME OF TREATMENT PROCEDURE	Maximum Approved Rate (INR) (Rs.)	CODE	NAME OF TREATMENT PROCEDURE	Maximum Approved Rate (INR) (Rs.)
01008002	Complicated Ext. per Tooth including LA	Rs.240/-	01010003	General Ward	Rs.97/-
01008003	Flap Operation per Tooth	Rs.480/-	01010004	Semi-private wards	Rs.96/-
01008004	Gingivectomy per tooth	Rs.288/-		011 - Burn Dressing	
01008005	Cyst under LA (small)	Rs.288/-	01011001	upto 30% Burns 1st Dressing	Rs.364/-
01008006	Cyst under LA (large)	Rs.485/-	01011002	upto 30% Burns Subsequent Dressing	Rs.240/-
01008007	Impacted Molar including LA	Rs.768/-	01011003	30% to 50% Burns 1st Dressing	Rs.606/-
01008008	Apisectomy including LA	Rs.970/-	01011004	30% to 50% Burns Subsequent Dressing	Rs.302/-
01008009	Fracture wiring including LA	Rs.78/-	01011005	Extensive Burn above 50% First Dressing	Rs.970/-
	009 - ICU/CCU CHARGES (Special Care Cases)		01011006	Extensive Burn above 50% Subsequent dressing	Rs.364/-
01009001	Coronary Care with Cardiac Monitoring including ECG & Diet	Rs.1752/-		012 - Obstetric & Gynaecology Cases	
01009002	Respirator & Compressed air	Rs.1560/-	01012001	Normal delivery or with Episiotomy & P. repair	Rs.8400/-
01009003	Respirator with Piped Oxygen	Rs.1560/-	01012002	Low Forceps	Rs.9000/-
01009004	Post operative care (ICU) with Diet	Rs.1656/-	01012003	Low midcavity forceps	Rs.9600/-
01009005	Child care in children	Rs.690/-	01012004	Cesarean Section	Rs.14370/-
01009006	Paediatric care for New born, per day (7 to 12 days)	Rs.540/-	01012005	Cesarean Hysterectomy	Rs.19200/-
01009007	General Nursery Care	Rs.360/-	01012006	Rupture Uterus- closure & repair with Tubal Ligation	Rs.18000/-
01009008	Incubator charges (Per day)	Rs.600/-	01012007	Perforation of Uterus after D/E Laparotomy & Closure	Rs.14400/-
01009009	Intensive care in Nursery (Per day)	Rs.1200/-	01012008	Laparotomy-peritonitis Lavage and Drainage	Rs.12120/-
01009010	Phototherapy	Rs.364/-	01012009	Laparotomy-failed laparoscopy to explore	Rs.6060/-
01009011	Resuscitation	Rs.364/-	01012010	Salphingectomy	Rs.11634/-
01009012	Resuscitation with Incubator attended by Specialist	Rs.900/-	01012011	Salphingo-Oophorectomy	Rs.15078/-
01009013	Exchange Transfusion	Rs.1140/-	01012012	Ovarean Cystectomy	Rs.14400/-
01009014	O.T. Charges for Exchange transfusion	Rs.364/-	01012013	Oopherctomy	Rs.12120/-
01009015	Pneupack ventilator in Nursery (Per day)	Rs.846/-	01012014	Broad Ligment Haematoma Drainage	Rs.10128/-
	010 - Oxygen Charges		01012015	Exploration of perineal Haematoma & Resuturing of Episiotomy	Rs.9648/-
01010001	Operation theatre (including supply of Nitrous Oxide)	Rs.900/-			
01010002	Casualty ICU	Rs.96/-			

Annexure- B
(Notification No. 3473-F dt 11.05.09.)

Rate list for Health Care Organizations empanelled under the West Bengal Health Scheme 2008.

CODE	NAME OF TREATMENT PROCEDURE	Maximum Approved Rate (INR) (Rs.)	CODE	NAME OF TREATMENT PROCEDURE	Maximum Approved Rate (INR) (Rs.)
01012016	Exploration of abdominal Haematoma (after laparotomy + LUCS)	Rs.12000/-	01013009	Drainage of Subdiaphragmatic Abscess	Rs.11460/-
01012017	Internal podalic version and extraction	Rs.9648/-	01013010	Open Drainage of Perinephric Abscess	Rs.11460/-
01012018	Manual Removal of Placenta	Rs.3636/-	01013011	Drainage of Perigastric Abscess	Rs.9600/-
01012019	3rd stage Complication MRP for outside delivery etc	Rs.4848/-	01013012	Drainage of Perotid Abscess	Rs.6300/-
01012020	Examination under anaesthesia	Rs.2424/-	01013013	Drainage of Retropharyngeal Abscess	Rs.6300/-
01012021	Burst-abdomen Repair	Rs.3222/-	01013014	Open Drainage of Psoas Abscess	Rs.6300/-
01012022	Gaping Pareneal Wound Secondary Suturing	Rs.2424/-	01013015	Open Drainage of Perivertebral Abscess	Rs. 8790/-
01012023	Gaping abdominal wound Secondary Suturing	Rs.3636/-		014 - Injury Of Superficial Soft Tissues	
01012024	Complete perineal tear-repair	Rs.2424/-	01014001	Suturing of small wounds	Rs.290/-
01012025	Exploration of PPH-tear repair	Rs.4121/-	01014002	Secondary suture of wounds	Rs.1206/-
01012026	Destructive Operation	Rs.10854/-	01014003	Delayed primary suture	Rs.1692/-
01012027	Suction evacuation vesicular mole, Missed abortion D/E	Rs.5818/-	01014004	Debridement of wounds	Rs.1212/-
01012028	Colpotomy-drainage P/V needling EUA	Rs.4121/-		015 - Removal Of Foreign Bodies	
01012029	Repair of post-coital tear, perineal injury	Rs.4121/-	01015001	Removal of F.B. Superficial	Rs.1212/-
01012030	Excision of urethral caruncle	Rs.3636/-	01015002	Removal of F.B. Deep	Rs.2412/-
01012031	Laparoscopy (Gynae)	Rs.6060/-		016 - Excision Of Cyst / Small Tumours	
01012032	Shirodhkar, Mc. Donalds stich	Rs.3636/-	01016001	Excision of Sebaceous Cysts	Rs.1680/-
	013 - General Surgery		01016002	Excision of Superficial Lipoma	Rs.2412/-
01013001	Drainage of Abscess	Rs.1680/-	01016003	Excision of Superficial Neurofibroma	Rs.2760/-
01013002	Dressing under G.A.	Rs.2400/-	01016004	Excision of Dermoid Cysts	Rs.2424/-
01013003	Aspiration of cold Abscess of Lymphnode	Rs.3060/-	01016005	Haemorrhoids	Rs.8442/-
01013004	Aspiration of Empyema	Rs.2412/-	01016006	Keloids	Rs.5310/-
01013005	Aspiration of Liver Abscess	Rs.2424/-	01016007	Superficial Varicosity	Rs.4848/-
01013006	Open Drainage of Liver Abscess	Rs.9048/-		017 - Head & Neck	
01013007	Drainage of Pelvic Abscess	Rs.9600/-	01017001	Ear Lobe Repair one side	Rs.606/-
01013008	Drainage of Ischiorectal Abscess	Rs.6600/-	01017002	Excision of Pinna for Growth (Squamous/Basal/ Injuries) Skin Only	Rs.3618/-

Annexure- B
(Notification No. 3473-F dt 11.05.09.)

Rate list for Health Care Organizations empanelled under the West Bengal Health Scheme 2008.

CODE	NAME OF TREATMENT PROCEDURE	Maximum Approved Rate (INR) (Rs.)	CODE	NAME OF TREATMENT PROCEDURE	Maximum Approved Rate (INR) (Rs.)
01017003	Excision of Pinna for Growth (Squamous/Basal/ Injuries) Skin and Cartilage	Rs.5310/-	01017028	Hemimandibulectomy	Rs.27132/-
01017004	Partial Amputation of Pinna	Rs.5818/-	01017029	Partial Glossectomy	Rs.6060/-
01017005	Total Amputation of Pinna	Rs.7030/-	01017030	Hemiglossectomy	Rs.13380/-
01017006	Total Amputation & Excision of External Auditory Meatus	Rs.10254/-	01017031	Total Glossectomy	Rs.24960/-
01017007	Excision of Cystic Hygroma Minor	Rs.5333/-	01017032	Commando Operation	Rs.27000/-
01017008	Excision of Cystic Hygroma Major	Rs.7999/-	01017033	Parotidectomy - Superficial	Rs.24000/-
01017009	Excision of Cystic Hygroma Extensive	Rs.12270/-	01017034	Parotidectomy - Conservative	Rs.19680/-
01017010	Excision of Branchial Cyst	Rs.10800/-	01017035	Parotidectomy - Radical Total	Rs.12605/-
01017011	Excision of Branchial Sinus	Rs.9648/-	01017036	Repair of Parotid Duct	Rs.20400/-
01017012	Excision of Pharyngeal Diverticulum	Rs.12120/-	01017037	Removal of Submandibular Salivary gland	Rs.9938/-
01017013	Excision of Carotid Body-Tumours	Rs.28800/-	01017038	Hemithyroidectomy	Rs.14544/-
01017014	Operation for Cervical Rib	Rs.17400/-	01017039	Partial Thyroidectomy	Rs.13574/-
01017015	Block Dissection of Cervical Lymph Nodes	Rs.19440/-	01017040	Subtotal Thyroidectomy (Toxic Goitre)	Rs.20628/-
01017016	Pharyngectomy & Reconstruction	Rs.24000/-	01017041	Total Thyroidectomy (Cancer)	Rs.22800/-
01017017	Operation for Carcinoma Lip - Wedge Excision	Rs.7200/-	01017042	Resection Enucleation of Adenoma	Rs.12510/-
01017018	Block Dissection of Cervical Lymph Nodes	Rs.20220/-	01017043	Isthmectomy	Rs.12605/-
01017019	Pharyngectomy & Reconstruction	Rs.31200/-	01017044	Total Thyroidectomy and Block Dissection	Rs.31350/-
01017020	Operation for Carcinoma Lip - Wedge Excision	Rs.7757/-	01017045	Excision of Lingual Thyroid	Rs.25620/-
01017021	Operation for Carcinoma Lip - Vermilionectomy	Rs.7272/-	01017046	Excision of Thyroglossal Cyst/Fistula	Rs.12120/-
01017022	Operation for Carcinoma Lip - Wedge Excision and Vermilionectomy	Rs.8484/-	01017047	Excision of Parathyroid Adenoma/Carcinoma	Rs.25590/-
01017023	Estlander Operation	Rs.9696/-	01017048	Laryngectomy	Rs.37152/-
01017024	Abbe Operation	Rs.9600/-	01017049	Laryngo Pharyngectomy	Rs.43440/-
01017025	Cheek Advancement	Rs.10200/-	01017050	Sinus & Fistula repair	Rs.11100/-
01017026	Excision of the Maxilla	Rs.23220/-	01017051	Lymph Node Excision	Rs.7266/-
01017027	Excision of the Mandible - Segmental	Rs.18090/-	01017052	Hyoid Suspension	Rs.12000/-
			01017053	Genioplasty	Rs.11436/-
			01017054	Direct Laryngoscopy	Rs.5400/-
			01017055	Phonosurgery	Rs.15360/-
			01017056	Fiberoptic Laryngoscopy	Rs.3000/-
			01017057	Microlaryngeal Surgery	Rs.10562/-

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01017058	Laryngofissure	Rs.11736/-	01020014	Thoracoscopic Lobectomy	Rs.36960/-
01017059	Stenosis Excision	Rs.16116/-	01020015	Thoracoscopic Segmental Resection	Rs.36960/-
	018 - Head & Neck Cancer		01020016	Thoracoscopic Hydatid Cyst excision	Rs.36960/-
01018001	Benign Tumour Excisions	Rs.8100/-	01020017	Thoracoscopic Sympathectomy	Rs.36960/-
01018002	Temporal Bone resection	Rs.27533/-		021 - Cardiac / Cardio Thoracic Procedures	
01018003	Radical Neck Dissection	Rs.28416/-	01021001	Coronary Bypass Surgery	Rs.150000/-
01018004	Carotid Body Excision	Rs.36000/-	01021002	Coronary Bypass Surgery-post Angioplasty	Rs.150000/-
01018005	Total Laryngectomy	Rs.34150/-	01021003	Coronary Balloon Angioplasty	Rs.66000/-
01018006	Flap Reconstructive Surgery	Rs.42720/-	01021004	Balloon angioplasty with Valvotomy	Rs.90000/-
01018007	Parapharyngeal Tumour Excision	Rs.19800/-	01021005	Open Heart Procedures	Rs.144000/-
	019 - Breast		01021006	Total Correction of Tetralogy of Fallot	Rs.150000/-
01019001	Drainage of Abscess	Rs.5700/-	01021007	RSUV Correction	Rs.150000/-
01019002	Excision of Lumps	Rs.9300/-	01021008	TAPVC Correction	Rs.154800/-
01019003	Local Mastectomy (Simple)	Rs.13470/-	01021009	Open ASD VSD	Rs.150000/-
01019004	Radical Mastectomy (Formal or Modified)	Rs.24000/-	01021010	Open Pulmonary Valvotomy	Rs.150000/-
01019005	Excision of Mammary Fistula	Rs.13530/-	01021011	Open Aortic Valvotomy	Rs.150000/-
01019006	Segment Resection of Breast	Rs.18300/-	01021012	Blalock Taussig Operation	Rs.51000/-
	020 - Cardio Respiratory Procedures		01021013	Mitral Valvotomy	Rs.72000/-
01020001	Tracheostomy	Rs.3636/-	01021014	Mitral Valve Replacement	Rs.160380/-
01020002	Thoracotomy (Penetrating Wounds)	Rs.17453/-	01021015	Aortic Valve Replacement	Rs.160380/-
01020003	Intercostal Drainage of empyema	Rs.5400/-	01021016	Double Valve Replacement Valve	Rs.139380/-
01020004	Decortication (Pleurectomy)	Rs.25500/-	01021017	Closed Valvotomy	Rs.96000/-
01020005	Thoracoplasty	Rs.36360/-	01021018	Coarctation-Aorta Repair of Block Taussing Shunt	Rs.96000/-
01020006	Pneumonectomy	Rs.31740/-	01021019	Patent Ductus Arteriosus	Rs.96000/-
01020007	Lobectomy	Rs.26760/-	01021020	Mitral Valvotomy (Open)	Rs.144000/-
01020008	Segmental Resection	Rs.29100/-	01021021	Pericardiostomy	Rs.54000/-
01020009	Hydatid Cyst	Rs.29100/-	01021022	Pericardiectomy	Rs.72000/-
01020010	Video-assisted thoracoscopic lung Surgeries	Rs.27120/-	01021023	Pericardio Centesis	Rs.3858/-
01020011	Lung volume reduction surgery	Rs.24000/-	01021024	Permanent Pacemaker Implantation	Rs.19380/-
01020012	Thoracoscopic Decortication	Rs. 31080/-			
01020013	Thoracoscopic Pneumonectomy	Rs.36960/-			

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01021025	Temporary Pacemaker Implantation	Rs.12600/-		023 - Abdomen	
01021026	Embolectomy	Rs.19800/-	01023001	Gastroscopy	Rs.1170/-
01021027	Aneurysm- Resection & Grafting	Rs.36000/-	01023002	Gastric & Duodenal Biopsy (Endoscopic)	Rs.1560/-
01021028	Thoracocentesis	Rs.1939/-	01023003	Pyloromyotomy	Rs.8242/-
01021029	Thorachostomy	Rs.14760/-	01023004	Gastrostomy	Rs.11820/-
01021030	Exploratory Thorocotomy	Rs.43632/-	01023005	Simple Closure of Perforated peptic Ulcer	Rs.12120/-
01021031	Aorta-Femoral Bypass	Rs.54000/-	01023006	Vagotomy Pyloroplasty / Gastro Jejunostomy	Rs.27840/-
01021032	Removal of Foreign Body from Trachea or Oesophagus	Rs.4848/-	01023007	Duodenojejunosomy	Rs.21480/-
01021033	Rib Resection & Drainage	Rs.11490/-	01023008	Partial/Subtotal Gastrectomy for Carcinoma	Rs.25200/-
01021034	Mediastinal Tumour	Rs.32520/-	01023009	Partial/Subtotal Gastrectomy for Ulcer	Rs.25200/-
01021035	Thymectomy	Rs.30420/-	01023010	Operation for Bleeding Peptic Ulcer	Rs.21000/-
01021036	Partial Pericardectomy	Rs.20400/-	01023011	Gastrojejunosomy & Vagotomy	Rs.22786/-
01021037	Removal Tumours of Chest Wall	Rs.20400/-	01023012	Operation for Gastrojejunal Ulcer	Rs.21600/-
01021038	DSA	Rs.5400/-	01023013	Total Gastrectomy for Cancer	Rs.32400/-
01021039	EPSTUDY	Rs.8400/-	01023014	Highly Selective Vagotomy	Rs.21000/-
01021040	RF ABLATION	Rs.26400/-	01023015	Selective Vagotomy & Drainage	Rs.22200/-
	022 - Oesophagus		01023016	Congenital Diaphragmatic Hernia	Rs.25440/-
01022001	Atresia of Oesophagus and Tracheo Oesophageal Fistula	Rs.29700/-	01023017	Hiatus Hernia Repair Abdominal	Rs.24960/-
01022002	Operations for Replacement of Oesophagus by Colon	Rs.37814/-	01023018	Hiatus Hernia Repair Transthoracic	Rs.24960/-
01022003	Oesophagectomy for Carcinoma Easophagus	Rs.38016/-	01023019	Exploratory Laparotomy	Rs.12870/-
01022004	Oesophageal Intubation (Mausseau Barbin Tube)	Rs.15480/-	01023020	Epigastric Hernia Repair	Rs.12540/-
01022005	Achalasia Carida Transthoracic	Rs.18422/-	01023021	Umbilical Hernia Repair	Rs.12540/-
01022006	Achalasia Carida Abdominal	Rs.14544/-	01023022	Ventral and Scar Hernia Repair	Rs.14400/-
01022007	Oesophago Gastrectomy for mid 1/3 lesion	Rs.26580/-	01023023	Inguinal Hernia Herniorraphy	Rs.14940/-
01022008	Heller's Operation	Rs.22980/-	01023024	Inguinal Hernia - Hernioplasty	Rs.17700/-
01022009	Colon-Inter position or Replacement of Oesophagus	Rs.26520/-			
01022010	Oesophago Gastrectomy - Lower Corringers procedure	Rs.19800/-			

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01023025	Femoral Hernia Repair	Rs.18300/-	01023047	Appendicular Abscess - Drainage	Rs.10800/-
01023026	Rare Hernias - Repair (Spigalion, Obturator, Lumbar, Sciatic)	Rs.21900/-	01023048	Mesenteric Cyst- Excision	Rs.14100/-
01023027	Splenectomy - For Trauma	Rs.23640/-	01023049	Peritonioscopy/Laparoscopy	Rs.5100/-
01023028	Splenectomy - For Hypersplenism	Rs.23640/-	01023050	Jejunostomy	Rs.14640/-
01023029	Splenorenal Anastomosis	Rs.36300/-	01023051	Ileostomy	Rs.24600/-
01023030	Portocaval Anastomosis	Rs.37800/-	01023052	Congenital Atresia & Stenosis of Small Intestine	Rs.21300/-
01023031	Direct Operation on Oesophagus for Portal Hypertension	Rs.27390/-	01023053	Muconium ileus	Rs.18420/-
01023032	Mesentericocaval Anastomosis	Rs.34980/-	01023054	Mal-rotation & Volvulus of the Midgut	Rs.19200/-
01023033	Warren Shunt	Rs.34980/-	01023055	Resection & Anastomosis of Small Intestine	Rs.21600/-
01023034	Pancreato Duodenectomy	Rs.36000/-	01023056	Excision of Meckle's Deverticulum	Rs.21480/-
01023035	By Pass Procedure for Inoperable Carcinoma of Pancreas	Rs.26580/-	01023057	Duodenal Diverticulum	Rs.14400/-
01023036	Cystojejunostomy or Cystogastrostomy	Rs.25500/-	01023058	Operation for Intestinal Obstruction	Rs.21240/-
01023037	Cholecystectomy	Rs.14160/-	01023059	Operation for Intestinal perforation	Rs.21300/-
01023038	Cholecystectomy & Exploration of CBD	Rs.18960/-	01023060	Benign Tumours of Small Intestine	Rs.20400/-
01023039	Repair of Common Bile Duct	Rs.17400/-	01023061	Excision of Small Intestine Fistula	Rs.21240/-
01023040	Operation for Hydatid Cyst of Liver	Rs.22980/-	01023062	Operations for Haemorrhage of the Small Intestines	Rs.24120/-
01023041	Cholecystostomy	Rs.14160/-	01023063	Operations of the Duplication of the Intestines	Rs.28080/-
01023042	Hepatic Resections (Lobectomy Hepatectomy)	Rs.24240/-	01023064	Operations for Recurrent Intestinal Obstruction (Noble Plication & Other Operations for the Adhesions)	Rs.25200/-
01023043	Operation on Adrenal Glands - Bilateral	Rs.33120/-	01023065	Ilieosigmoidostomy	Rs.20640/-
01023044	Operation on Adrenal Glands - Unilateral for Tumour	Rs.17760/-	01023066	Ilieotransverse Colostomy	Rs.20640/-
01023045	Appendicectomy for Acute Appendicitis	Rs.15900/-	01023067	Caecostomy	Rs.8100/-
01023046	Appendicectomy for Chronic Appendicitis	Rs.13770/-	01023068	Loop Colostomy Transverse Sigmoid	Rs.16620/-
			01023069	Terminal Colostomy	Rs.20280/-
			01023070	Closure of Colostomy	Rs.20280/-

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01023071	Right Hemi-Colectomy	Rs.20280/-	01024004	Operations for Hydronephrosis	Rs.21000/-
01023072	Left Hemi-Colectomy	Rs.19740/-	01024005	Open Drainage of Perinephric Abscess	Rs.12120/-
01023073	Total Colectomy	Rs.39000/-	01024006	Cavernostomy	Rs.20400/-
01023074	Operations for Volvulus of Large Bowel	Rs.25200/-	01024007	Operations for Cyst of the Kidney	Rs.15514/-
01023075	Operations for Sigmoid Diverticulitis	Rs.21150/-	01024008	Ureterolithotomy	Rs.14400/-
01023076	Fissure in Ano - Dilatation	Rs.6787/-	01024009	Nephroureterectomy	Rs.14544/-
01023077	Fissure in Ano - Fissurectomy	Rs.13200/-	01024010	Operations for Ureter for - Double Ureters	Rs.24180/-
01023078	Rectal Polyp-Excision	Rs.6060/-	01024011	Operations for Ureter -for Ectopia of Single Ureter	Rs.23700/-
01023079	Operation of Haemorrhoids -Lords procedure	Rs.7236/-	01024012	Operations for Vesico-ureteric Reflux	Rs.24240/-
01023080	Fistula in Ano - High Fistulectomy	Rs.16920/-	01024013	Ureterostomy - Cutaneous	Rs.18720/-
01023081	Fistula in Ano - Low Fistulectomy	Rs.10590/-	01024014	Uretero-Colic anastomosis	Rs.19392/-
01023082	Imperforat Anus - Colostomy	Rs.14820/-	01024015	Formation of an Ileal Conduit	Rs.19380/-
01023083	Imperforate Anus - Pull Through Operation	Rs.20760/-	01024016	Ureteric Catheterisation	Rs.4080/-
01023084	Prolapse Rectum - Theirch Wiring	Rs.12540/-	01024017	Dormia Extraction of Calculus	Rs.6000/-
01023085	Prolapse Rectum - Rectopexy	Rs.8484/-	01024018	Biopsy of Bladder (Cystoscopic)	Rs.6600/-
01023086	Prolapse Rectum - Grahams Operation	Rs.21720/-	01024019	Diathermy Destruction of Bladder Neoplasm	Rs.10666/-
01023087	Operations for Hirschsprungs Disease	Rs.21720/-	01024020	Litholapexy	Rs.12600/-
01023088	Excision of Pilonidal Sinus	Rs.12300/-	01024021	Operations for Injuries of the Bladder	Rs.20490/-
01023089	Abdomino-Perineal Excision of Rectum	Rs.26640/-	01024022	Suprapubic Drainage (Cystostomy)	Rs.12000/-
01023090	Anterior Resection of rectum	Rs.26220/-	01024023	Total Cystectomy	Rs.34980/-
01023091	Pull Through Abdominal Resection	Rs.21816/-	01024024	Diverticulectomy	Rs.29100/-
01023092	Operations for Neuroblastoma	Rs.21816/-	01024025	Open Resection of the Bladder Neck	Rs.23270/-
	024 - Nephrology / Genitourinary		01024026	Y-V Plasty of the Bladder Neck	Rs.23270/-
01024001	Partial Nephrectomy	Rs.21000/-	01024027	Cystoplasty	Rs.26550/-
01024002	Nephrolithotomy	Rs.21089/-	01024028	Operations for Extrophy of the Bladder	Rs.34980/-
01024003	Pyelolithotomy	Rs.21089/-			

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01024029	Repair of Ureterocoel	Rs.15514/-	01024054	Operation for Torsion of Testis	Rs.11880/-
01024030	Suprapubic Prostatectomy	Rs.22320/-	01024055	Vasovasostomy	Rs.15600/-
01024031	Retropubic Prostatectomy	Rs.23700/-	01024056	Operations for Varicocele	Rs.10800/-
01024032	Transurethral Resection of Prostate (TURP)	Rs.21150/-	01024057	Block Dissection of Inguinal Nodes - One Side	Rs.23100/-
01024033	Urethroscopy	Rs.4830/-	01024058	Block Dissection of Inguinal Nodes - Both Sides	Rs.30900/-
01024034	Operations for Injury to Urethra	Rs.30000/-	01024059	Excision of Filarial Scrotum	Rs.15480/-
01024035	Internal urethrotomy	Rs.12120/-	01024060	Emergency Dialysis Femoral Puncture	Rs.1200/-
01024036	Urethral Reconstruction	Rs.27600/-	01024061	Emergency Dialysis Subclavian Puncture	Rs.1860/-
01024037	Operation for Congenital Valves of Urethra	Rs.13574/-	01024062	Fistula/Shunt	Rs.6000/-
01024038	Operations for Incontinence of Urine - Male	Rs.22740/-	01024063	Dialysis Femoral Catheterisation Bilateral	Rs.3660/-
01024039	Operations for Incontinence of Urine - Female	Rs.22740/-	01024064	Haemo Dialysis	Rs.1440/-
01024040	Reduction of Paraphimosis	Rs.2424/-	01024065	Double Lumen Sub Clavian Catheter	Rs.3900/-
01024041	Circumcision	Rs.4200/-	01024066	Continuous Arterio Venus Dialysis (CAVD)	Rs.15480/-
01024042	Meatotomy	Rs.2424/-	01024067	Subclavian Access	Rs.1842/-
01024043	Meatoplasty	Rs.6787/-	01024068	Femoral Access	Rs.1740/-
01024044	Operations for Hypospadias - Chordee Correction	Rs.12900/-	01024069	Plasma Exchange	Rs.1200/-
01024045	Operations for Hypospadias - Second Stage or One Stage Repair	Rs.24000/-	01024070	Donor Nephrectomy	Rs.28800/-
01024046	Operations for Epispadias	Rs.19392/-	01024071	Renal Transplantation	Rs.137700/-
01024047	Partial Amputation of the Penis	Rs.11220/-	01024072	Ureteric Reimplant	Rs.4200/-
01024048	Total amputation of the Penis	Rs.19320/-	01024073	Lymphocoel	Rs.4320/-
01024049	Orchidectomy	Rs.11700/-	01024074	Transplant Nephrectomy	Rs.19200/-
01024050	Epididymectomy	Rs.10800/-	01024075	Bilateral Nephrourectomy (Native)	Rs.18600/-
01024051	Adrenelectomy Unilateral /Bilateral for Tumour/For Carcinoma	Rs.28200/-	01024076	Vascular Prosthetic Graft	Rs.12000/-
01024052	Operations for Hydrocele - Unilateral	Rs.6300/-	01024077	CAPD	Rs.7272/-
01024053	Operations for Hydrocele - Bilateral	Rs.9198/-	01024078	PCNL - Unilateral	Rs.24120/-
			01024079	PCNL - Bilateral	Rs.34500/-
			01024080	Palomo's Unilateral	Rs.7272/-
			01024081	Palomo's Bilateral	Rs.12600/-
			01024082	Endoscopic Teflon Inject	Rs.5100/-
			01024083	Testicular Biopsy	Rs.4320/-

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01024084	Gil-Verner's Extended Pyelolithotomy	Rs.19500/-	01024112	Retroperitoneoscopy partial Nephrectomy	Rs.25200/-
01024085	Nephrectomy Complicated Tumour or Adhesions	Rs.22200/-	01024113	Retroperitoneoscopic nephrolithotomy	Rs.23160/-
01024086	Anderson Hynes Pyeloplasty	Rs.17400/-	01024114	Retroperitoneoscopic pyelolithotomy	Rs.24264/-
01024087	Vasico Vaginal Fistula Repair	Rs.17100/-	01024115	Retroperitoneoscopic operation for Hydronephrosis	Rs.26400/-
01024088	Radical Cystectomy	Rs.29088/-	01024116	Retroperitoneoscopic surgery for Renal cyst	Rs.24000/-
01024089	Caeco Cystoplasty	Rs.24240/-	01024117	Retroperitoneoscopic ureterolithotomy	Rs.24000/-
01024090	Nephrectomy Simple	Rs.19392/-	01024118	Retroperitoneoscopic Nephroureteroectomy	Rs.24600/-
01024091	Nephrostomy	Rs.19386/-	01024119	Laprosopy aassisted orchidopexy	Rs.20460/-
01024092	Ureteric Reimplant	Rs.8760/-	01024120	Laprosopic operation for varicocele	Rs.15120/-
01024093	Partial Cystectomy	Rs.26520/-	01024121	Renal Transplant (including donor work)	Rs.150000/-
01024094	TURP & TUR Bladder Tumour	Rs.19392/-	01024122	Lithotripsy	Rs.18000/-
01024095	TURP Cystolithotripsy	Rs.24060/-		025 - Plastic Surgery	
01024096	Open Prostatectomy	Rs.23270/-	01025001	Primary Suture of Wound	Rs.3180/-
01024097	Closure of Urethral Fistula	Rs.20844/-	01025002	Injection of Keloids - Ganglion	Rs.2700/-
01024098	Orchidopexy - Unilateral	Rs.12000/-	01025003	Injection of Keloids - Haemangioma	Rs.6060/-
01024099	Orchidopexy - Bilateral	Rs.10656/-	01025004	Free Grafts - Wolfe Grafts	Rs.8100/-
01024100	Cystolithotomy -Suprapubic	Rs.13332/-	01025005	Free Grafts - Theirech - Small Area 5%	Rs.8484/-
01024101	Endoscopic Removal of Stone in Bladder	Rs.11820/-	01025006	Free Grafts - Large Area 10%	Rs.9938/-
01024102	Resection Bladder Neck Endoscopic	Rs.11635/-	01025007	Free Grafts - Very Large Area 20%	Rs.12362/-
01024103	Ureteroscopic Removal	Rs.12605/-	01025008	Skin Flaps - Rotation Flaps	Rs.8726/-
01024104	Cystoscopic Basketing of Urethra	Rs.12000/-	01025009	Skin Flaps - Advancement Flaps	Rs.11635/-
01024105	Urethroplasty 1st Stage	Rs.12120/-	01025010	Skin Flaps - Direct- cross Leg Flaps- Cross Arm Flap	Rs.15514/-
01024106	Optical Urethrotomy	Rs.11520/-	01025011	Skin Flaps - Cross Finger	Rs.15514/-
01024107	Exploratory Scrototomy	Rs.9150/-	01025012	Skin Flaps - Abdominal	Rs.15514/-
01024108	Perineal Urethrostomy	Rs.7272/-			
01024109	Dilatation of Stricture Urethra under G.A.	Rs.3030/-			
01024110	Dilatation of Stricture Urethra without Anesthesia	Rs.2182/-			
01024111	Retroperitoneoscopy Nephrectomy	Rs.24600/-			

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01025013	Skin Flaps - Thoracic	Rs.14400/-	01025034	Plastic Surgery of the Nose - Minor	Rs.8250/-
01025014	Skin Flaps - Arm Etc.	Rs.15514/-	01025035	Plastic Surgery of the Nose - Major	Rs.14160/-
01025015	Subcutaneous Pedicle Flaps Raising	Rs.8484/-	01025036	Plastic Surgery for Facial Paralysis (Support with Reanimation)	Rs.22543/-
01025016	Subcutaneous Pedicle Flaps Delay	Rs.7752/-	01025037	Pendulous Breast - Mammoplasty	Rs.22543/-
01025017	Subcutaneous Pedicle Flaps Transfer	Rs.8484/-	01025038	Underdeveloped Breast Mammoplasty	Rs.19877/-
01025018	Cartilage Grafting	Rs.9696/-	01025039	After Mastectomy (Reconstruction) Mammoplasty	Rs.19877/-
01025019	Reduction of Facial Fractures of Nose	Rs.8940/-	01025040	Syndactyly Repair	Rs.19877/-
01025020	Reduction of Facial Fractures of Maxilla	Rs.13800/-	01025041	Dermabrasion Face	Rs.15960/-
01025021	Reduction of Fractures of Mandible & Maxilla - Eye Let Splinting	Rs.7440/-		026 - Orthopaedic Surgery Procedure	
01025022	Reduction of Fractures of Mandible & Maxilla - Cast Metal Splints	Rs.7440/-	01026001	Application of P.O.P Casts for Upper & Lower Limbs	Rs.1212/-
01025023	Reduction of Fractures of Mandible & Maxilla - Gumming Splints	Rs.7757/-	01026002	Application of Functional Cast Brace	Rs.1697/-
01025024	Internal Wire Fixation of Mandible & Maxilla	Rs.11635/-	01026003	Application of Skin Traction	Rs.1620/-
01025025	Cleft Lip - repair.	Rs.12390/-	01026004	Application of Skeletal Traction	Rs.4440/-
01025026	Cleft Palate Repair Severe Degree	Rs.13800/-	01026005	Bandage & Strappings for Fractures	Rs.1140/-
01025027	Primary Bone Grafting of Cleft Lip Palate	Rs.14544/-	01026006	Aspiration & Intra Articular Injections	Rs.960/-
01025028	Secondary Surgery for Cleft Lip Deformity	Rs.12605/-	01026007	Application of P.O.P Spices & Jackets	Rs.3600/-
01025029	Secondary Surgery for Cleft Palate	Rs.11340/-	01026008	Close Reduction of Fractures of Limb & P.O.P	Rs.3360/-
01025030	Reconstruction of Eyelid Defects - Minor	Rs.7560/-	01026009	Reduction of Compound Fractures	Rs.4350/-
01025031	Reconstruction of Eyelid Defects - Major	Rs.11940/-	01026010	Open Reduction & Internal Fixation of Fingurs & Toes	Rs.9000/-
01025032	Plastic Surgery of Different Regions of the Ear - Minor	Rs.8100/-	01026011	Open Reduction of fracture of Long Bones of Upper / Lower Limb -Nailing & External Fixation	Rs.15029/-
01025033	Plastic Surgery of Different Regions of the Ear - Major	Rs.12600/-			

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CODE	NAME OF TREATMENT PROCEDURE	Maximum Approved Rate (INR) (Rs.)	CODE	NAME OF TREATMENT PROCEDURE	Maximum Approved Rate (INR) (Rs.)
01026012	Open Reduction of fracture of Long Bones of Upper / Lower Limb -AO Procedures	Rs.14280/-	01026033	Tendon with Transplant or Graft	Rs.22200/-
01026013	Tension Band Wirings	Rs.6000/-	01026034	Tendon Lengthening/Tendon Sutures	Rs.13020/-
01026014	Bone Grafting	Rs.14160/-	01026035	Tendon Transfer	Rs.21480/-
01026015	Excision of Bone Tumours - Superficial	Rs.15000/-	01026036	Laminectomy, Excision Disc and Tumours	Rs.36000/-
01026016	Excision of Bone Tumours - Deep	Rs.27780/-	01026037	Spinal Ostectomy and Internal Fixations	Rs.40200/-
01026017	Excision of Ganglion	Rs.4848/-	01026038	Anterolateral Clearance for tuberculosis	Rs.28603/-
01026018	Excision or other Operations for Scaphoid Fractures	Rs.12570/-	01026039	Anterolateral Decompression and Spinal Fusion	Rs.39240/-
01026019	Sequestrectomy & Saucerizations -Superficial	Rs.11400/-	01026040	Costo Transversectomy	Rs.27180/-
01026020	Sequestrectomy & Saucerizations -Deep	Rs.21360/-	01026041	Corrective Ostectomy & Internal Fixation - Minor	Rs.13800/-
01026021	Sequestrectomy & Saucerizations -Arthrotomy	Rs.15600/-	01026042	Corrective Ostectomy & Internal Fixation - Major	Rs.29100/-
01026022	S.P.Nailing for Fracture Neck Femur	Rs.28800/-	01026043	Arthrodisis of - Minor Joints	Rs.14520/-
01026023	Multiple Pinning Fracture Neck Femur	Rs.30300/-	01026044	Arthrodisis of - Major Joints	Rs.30420/-
01026024	Nail Plate Fixations for Fracture Neck Femur	Rs.33600/-	01026045	Soft Tissue Operations for C.T.E.V.	Rs.17850/-
01026025	A.O.Compression Procedures for Fracture Neck Femur	Rs.34200/-	01026046	Soft Tissue Operations for Polio	Rs.18960/-
01026026	Open Reduction of Fracture Neck Femur Muscle Pedicle Graft and Internal Fixations	Rs.31200/-	01026047	Partial Hip Replacement	Rs.34620/-
01026027	Close Reduction of Dislocations	Rs.3394/-	01026048	Operations for Brachial Plexus & Cervical Rib	Rs.29573/-
01026028	Open Reduction of Dislocations - Superficial	Rs.10560/-	01026049	Amputations - Below Knee	Rs.13170/-
01026029	Open Reduction of Dislocations - Deep	Rs.20700/-	01026050	Amputations - Below Elbow	Rs.12270/-
01026030	Open Reduction of Fracture Dislocation & Internal Fixation	Rs.29700/-	01026051	Amputations - Above Knee	Rs.18900/-
01026031	Neurolysis/Nerve Suture	Rs.15000/-	01026052	Amputations - Above Elbow	Rs.20100/-
01026032	Nerve Repair with Grafting	Rs.19800/-	01026053	Amputations - Forequarter	Rs.37800/-
			01026054	Amputations -Hind Quarter and Hemipelvectomy	Rs.40680/-
			01026055	Disarticulations - Major	Rs.21600/-
			01026056	Disarticulations - Minor	Rs.12540/-
			01026057	Arthrography & Osteomedullography	Rs.10440/-

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01026058	Arthroscopy - Diagnostic	Rs.11100/-	01027016	Placement of ICP Monitor -	Rs.6000/-
01026059	Arthroscopy - Operative	Rs.24240/-	01027017	Urokinase Therapy for ICH -	Rs.4800/-
01026060	Soft Tissue Operation on Knee	Rs.24000/-	01027018	Skull Traction Application	Rs.3420/-
01026061	Myocutaneous and Fasciocutaneous Flat Procedures for Limbs	Rs.24000/-	01027019	Lumber Pressure Monitoring	Rs.6036/-
01026062	Removal of Nails, Wires & Screw	Rs.6720/-	01027020	Vascular Malformations	Rs.21600/-
01026063	Removal of Plates	Rs.8370/-	01027021	Peritoneal Shunt	Rs.13272/-
01026064	Total Hip Replacement	Rs.54000/-	01027022	Atrial Shunt	Rs.13872/-
01026065	Total Ankle Joint Replacement	Rs.147000/-	01027023	Meningo Encephalocoel	Rs.42000/-
01026066	Total Knee Joint Replacement	Rs.121800/-	01027024	Meningomyeloceol	Rs.42000/-
01026067	Total Shoulder Joint Replacement	Rs.114000/-	01027025	C.S.F. Rhinorrhoea	Rs.42000/-
01026068	Total Elbow Joint Replacement	Rs.114000/-	01027026	Cranioplasty	Rs.45000/-
01026069	Total Wrist Joint Replacement	Rs.111000/-	01027027	Posterior Cervical Dissectomy	Rs.29040/-
	027 - Neuro-Surgery		01027028	Anterior Cervical Dissectomy	Rs.24240/-
01027001	Craniotomy and Evacuation of Haematoma -Subdural	Rs.55200/-	01027029	Brachial Plexus Exploration Microsuturing	Rs.22920/-
01027002	Craniotomy and Evacuation of Haematoma -Extradural	Rs.48000/-	01027030	Median Nerve Decompression	Rs.11880/-
01027003	Evacuation of Brain Abscess	Rs.44400/-	01027031	Peripheral Neurectomy (Trigeminal)	Rs.11880/-
01027004	Excision of Lobe (Frontal, Temporal, Cerebellum etc.)	Rs.51600/-	01027032	Trigeminal Rhotomy	Rs.31500/-
01027005	Excision of Brain Tumours - Supratentorial	Rs.48000/-	01027033	Cranial Nerve Anastomosis	Rs.16968/-
01027006	Excision of Brain Tumours - Subtentorial	Rs.45000/-	01027034	Meningocoele Excision	Rs.13080/-
01027007	Surgery of Cord Tumours	Rs.45000/-	01027035	Peripheral Nerve Surgery - Major	Rs.16968/-
01027008	Ventriculoatrial / Ventriculoperitoneal Shunt	Rs.30000/-	01027036	Peripheral Nerve Surgery Minor	Rs.7752/-
01027009	Excision of Cervical Inter-Vertebral Discs	Rs.36000/-	01027037	Ventriculo-Atrial Shunt (Exclud. Cost of valve)	Rs.13272/-
01027010	Sympathetectomy - Lumbar	Rs.16800/-	01027038	Nerve Biopsy	Rs. 8242/-
01027011	Sympathetectomy - Cervical	Rs.3636/-	01027039	Brain Biopsy	Rs. 8242/-
01027012	Twist Drill Craniostomy	Rs.30000/-	01027040	Anterior Cervical Spine Surgery with fusion	Rs.34980/-
01027013	Subdural Tapping	Rs.12540/-	01027041	Anterior Lateral Decompression	Rs.30000/-
01027014	Ventricular Tapping	Rs.3199/-	01027042	Brain Mapping	Rs. 2400/-
01027015	Abscess Tapping	Rs.3151/-	01027043	Cervical or Dorsal Laminectomy	Rs.27876/-
			01027044	Combined Trans-oral Surgery & CV Junction Fusion	Rs.30906/-
			01027045	C.V. Junction Fusion	Rs.36000/-
			01027046	Depressed Fracture	Rs.33840/-
			01027047	Dissectomy	Rs.32358/-
			01027048	Enderterectomy	Rs.24967/-

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01027049	R.F. Lesion for Trigeminal Neuralgia -	Rs. 5818/-	01028018	Surgery for Arterial Aneurysm Renal Artery	Rs.40200/-
01027050	Spasticity Surgery -	Rs.26400/-	01028019	Surgery for Arterial Aneurysm Carotid	Rs.42480/-
01027051	Spinal Fusion Procedure	Rs.37932/-	01028020	Surgery for Arterial Aneurysm Main Arteries of the Limb	Rs.33420/-
01027052	Spinal Intra Medullary Tumours	Rs.37932/-	01028021	Operations for Acquired Arteriovenous Fistula	Rs.26580/-
01027053	Spinal Bifida Surgery Major	Rs.29040/-	01028022	Congenital Arterio Venous Fistula	Rs.27690/-
01027054	Spina Bifida Surgery Minor	Rs.20262/-	01028023	Operations for Stenosis of Renal Arteries	Rs.29875/-
01027055	Stereotaxic Procedures	Rs.20724/-	01028024	Trendelenburg Operations	Rs. 13800/-
01027056	Trans Sphenoidal Surgery	Rs.26400/-		029 - Paediatric Surgery	
01027057	Trans Oral Surgery	Rs.37932/-	01029001	Excision of thyroglossal Duct/Cyst	Rs.18907/-
01027058	Trans Cranial Doppler	Rs. 360/-	01029002	Diaphragmatic Hernia Repair (Thoracic or Abdominal Approach)	Rs.24240/-
	028 - Vascular Surgery		01029003	Tracheo Oesophageal Fistula (Correction Surgery)	Rs.29190/-
01028001	Patch Graft Angioplasty	Rs.22800/-	01029004	Colon Replacement of Oesophagus	Rs.25890/-
01028002	Femoropopliteal by pass procedure	Rs.34200/-	01029005	Omphalo Mesenteric Cyst Excision	Rs.19500/-
01028003	Thrombendarterectomy	Rs.35760/-	01029006	Omphalo Mesenteric Duct-Excision	Rs.18180/-
01028004	Surgery for Arterial Aneurysm -Distal Abdominal Aorta	Rs.33936/-	01029007	Meckels Diverticulectomy	Rs.17700/-
01028005	Surgery for Arterial Aneurysm -Upper Abdominal Aorta	Rs.26400/-	01029008	Omphalocele 1st Stage (Hernia Repair)	Rs.16968/-
01028006	Surgery for Arterial Aneurysm -Vertebral	Rs.24000/-	01029009	Omphalocele 2nd Stge (Hernia Repair)	Rs.18180/-
01028007	Intrathoracic Aneurysm -Aneurysm not Requiring Bypass Techniques	Rs.32880/-	01029010	Gastrochisis Repair	Rs.12000/-
01028008	Intrathoracic Aneurysm - Requiring Bypass Techniques	Rs.39900/-	01029011	Inguinal Herniotomy	Rs.12000/-
01028009	Dissecting Aneurysms	Rs.39900/-	01029012	Congenital Hydrocele	Rs.12000/-
01028010	Stripping of Short or Long Sphenous Veins	Rs.13200/-	01029013	Hydrocele of Cord	Rs.11400/-
01028011	Ligation of Ankle Perforators	Rs.17400/-	01029014	Torsion Testis Operation	Rs.13770/-
01028012	Excision and Skin Graft of Venous Ulcer	Rs.15480/-	01029015	Congenital Pyloric Stenosis-operation	Rs.16080/-
01028013	Venous Thromoectomy	Rs.22080/-	01029016	Duodenal- Atresia Operation	Rs.22200/-
01028014	Lymphatics Excision of Subcutaneous Tissues In Lymphoedema	Rs.27900/-	01029017	Pancreatic Ring Operation	Rs.33600/-
01028015	Vascular Procedure - Major -	Rs.24480/-	01029018	Meconium Ileus Operation	Rs.18996/-
01028016	Vascular Procedure - Minor	Rs.16800/-			
01028017	Surgery for Arterial Aneurysm Spleen Artery	Rs.40200/-			

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01029019	Malrotation of Intestines Operation	Rs.20010/-		030 - Gynae, Operation Charges	
01029020	Rectal Biopsy (Megacolon)	Rs.14970/-	01030001	Abdominal Hysterectomy	Rs.18000/-
01029021	Colostomy Transverse	Rs.17700/-	01030002	Vaginal Hysterectomy	Rs.18600/-
01029022	Colostomy Left Iliac	Rs.17700/-	01030003	Myomectomy	Rs.16800/-
01029023	Abdominal Perineal Pull Through (Hirschsprung Disease)	Rs.24240/-	01030004	Vaginoplasty	Rs.18780/-
01029024	Imperforate Anus Low Anomaly -Cut Back Operation	Rs.11635/-	01030005	Vulvectomy (Simple/Radical)	Rs.22200/-
01029025	Imperforate Anus Low Anomaly - Perineal Anoplasty	Rs.17400/-	01030006	RVF Repair	Rs.23100/-
01029026	Inperforate Anus High Anomaly -Sacroabdomino Perineal Pull Through	Rs.13200/-	01030007	Other Major Operations	Rs.22200/-
01029027	Inperforate Anus High Anomaly - Closure of Colostomy	Rs.9696/-	01030008	Manchester Operations	Rs.19200/-
01029028	Intususception Operation	Rs.22200/-	01030009	Perineorrhaphy	Rs.14700/-
01029029	Cholechooduodenostomy for Atresia of Extra Hepatic Billiary Duct	Rs.24240/-	01030010	Colporraphy	Rs.14400/-
01029030	Operation of Choledochal Cyst	Rs.24240/-	01030011	Modified Gilliam	Rs.16890/-
01029031	Nephrectomy for - Pyonephrosis	Rs.22200/-	01030012	Shirodkar's Operation	Rs.10200/-
01029032	Nephrectomy for - Hydronephrosis	Rs.22200/-	01030013	Diagnostic Curettage	Rs.2666/-
01029033	Nephrectomy for -Wilms Tumour	Rs.22200/-	01030014	Fractional Curettage	Rs.3394/-
01029034	Paraortic Lymphadenectomy with Nephrectomy for Wilms Tumour	Rs.26400/-	01030015	D & C and Cervical Biopsy	Rs.3394/-
01029035	Sacro- Coccygeal Teratoma Excision	Rs.19800/-	01030016	Polypectomy	Rs.3540/-
01029036	Neuroblastoma Debulking	Rs.20846/-	01030017	Other-Minor Operation	Rs.3600/-
01029037	Neuroblastoma Total Excision	Rs.24240/-	01030018	Excision Vaginal Cyst/ Burtholin Cyst	Rs.3840/-
01029038	Rhabdomyosarcoma wide Excision	Rs.28116/-	01030019	Excision Vaginal Septum	Rs.5818/-
			01030020	Laparoscopy Diagnostic	Rs.6000/-
			01030021	Laparoscopy Sterilisation	Rs.7236/-
			01030022	Laparoscopy Operative	Rs.12000/-
			01030023	Laparoscopy LAVH	Rs.22800/-
			01030024	Drilling of Ovary	Rs.10800/-
			01030025	Myomectomy	Rs.19740/-
			01030026	Adhesiolysis	Rs.17400/-
			01030027	Management of Ectopic pregnancy	Rs.19980/-
			01030028	Hysteroscopy ICRE	Rs.9422/-
			01030029	Hysteroscopy Removal of IUCD	Rs.4020/-
			01030030	Hysteroscopy Removal of Septum	Rs.8100/-
			01030031	Hysteroscopy Diagnostic	Rs.7272/-

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01030032	Werthimas Hystrectomy for Cancer cervix	Rs.28800/-	01031018	Laposcopic Rectopexy	Rs.25200/-
01030033	Sterilisation Post Pertum	Rs.4622/-	01031019	Lap. Assisted Abdominoperineal Resection of rectum	Rs.30840/-
01030034	Sterilisation Intravaginal	Rs.5918/-	01031020	Lap. Assisted anterior resection	Rs.30840/-
01030035	Abortion- D & C	Rs.3810/-	01031021	Laposcopic Cholecystectomy	Rs.23400/-
01030036	Abortion- Evacuation	Rs.4200/-	01031022	Laposcopic Appendicectomy	Rs.15840/-
01030037	MTP- 1st Trimester	Rs.3210/-	01031023	Laposcopic Hernia Repair	Rs.19800/-
01030038	MTP - 2nd Trimester	Rs.4800/-	01031024	Laposcopic Hiatus Hernia Repair	Rs.23160/-
	031 - Laproscopic Operations In Gen. Surgery / Gastrohepatic / Nephro-		01031025	Laposcopic Adhesiolysis	Rs 18000/-
01031001	Diagnostic Laproscopy	Rs.6570/-	01031026	Laposcopic Adrenalectomy	Rs.25200/-
01031002	Laposcopic Pyloromyotomy	Rs.16920/-	01031027	Laposcopic Thyroidectomy	Rs.25200/-
01031003	Laposcopic Gastrostomy	Rs.19800/-	01031028	Laposcopic Splenectomy	Rs.25200/-
01031004	Laposcopic Closure of Perforated peptic ulcer	Rs.23760/-	01031029	Laposcopic Colectomy	Rs.30840/-
01031005	Laposcopic Vagotomy Pyloroplasty/ gastro jejunostomy	Rs.21600/-	01031030	Laposcopic donor Nephrectomy	Rs.25200/-
01031006	Laposcopic umbilical hernia repair	Rs.19301/-	01031031	Infra red coagulation in Haemorrhoids	Rs.10560/-
01031007	Laposcopic ventral hernia repair	Rs.25200/-	01031032	Laposcopic Pyelolithotomy	Rs.25200/-
01031008	Laposcopic cystogastrostomy	Rs.27600/-	01031033	Laposcopic ureterolithotomy	Rs.22560/-
01031009	Lap. Cholecystectomy & CBD exploration	Rs.25800/-		032 - Cobalt 60 Therapy	
01031010	Lap. Hydatid of liver surgery	Rs.20460/-	01032001	Radical Treatment	Rs.18000/-
01031011	Lap. Hepatic resection	Rs.21600/-	01032002	Palliative Treatment	Rs.9600/-
01031012	Lap. Assisted small bowel resection	Rs.23160/-	01032003	Adjustment Therapy	Rs.14400/-
01031013	Lap. For intestinal obstruction	Rs.23160/-		033 - Linear Accelerators	
01031014	Lap. For intestinal perforation	Rs.23160/-	01033001	Radical Radiotherapy Linear	Rs.30288/-
01031015	Lap. Assisted Right Hemicolectomy	Rs.24600/-	01033002	Palliative Radiotherapy Linear	Rs.21600/-
01031016	Lap. Assisted left Hemicolectomy	Rs.24600/-		034 - Brachy Therapy	
01031017	Lap. Assisted Total Colectomy	Rs.30840/-	01034001	Intracavitary	Rs.1200/-
				035 - Interstitial (Implant)	
			01035001	Head & Neck	Rs.9720/-
			01035002	Breast	Rs.9600/-
			01035003	Soft Tissue Sarcome	Rs.12000/-

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RATES OF INVESTIGATIONS :

02 – INVESTIGATIONS

CODE	NAME OF INVESTIGATION	Maximum Approved Rate (INR) (Rs.)
001 - GENERAL		
02001001	Aspiration Plural Effusion - Diagnostic	Rs.540/-
02001002	Abdominal Aspiration - Diagnostic	Rs.720/-
02001003	Pericardial Aspiration	Rs.364/-
02001004	Bone Marrow Aspiration	Rs.630/-
02001005	Joints Aspiration	Rs.558/-
02001006	Biopsy Skin except Hansens	Rs.300/-
02001007	Biopsy Lymphnode	Rs.960/-
02001008	Biopsy Liver	Rs.1091/-
02001009	Lumbar puncture	Rs.660/-
02001010	Sternal puncture	Rs.600/-
02001011	E.C.G.	Rs.120/-
02001012	E.E.G.	Rs.120/-
02001013	Stress test (TMT)	Rs.600/-
002 - E.N.T.		
02002001	Pure Tone Audiogram	Rs.240/-
02002002	Impedence & other tests	Rs.270/-
02002003	SISI, Tone Decay & Difference times	Rs.228/-
02002004	Multiple hearing assessment test to Adults	Rs.420/-
02002005	Hearing Aid Selection	Rs.90/-
02002006	Hearing Aid Analysis	Rs.360/-
02002007	Speech Discrimination Score	Rs.168/-
02002008	Speech Assessment	Rs.96/-
02002009	Cold Calorie Test for Vestibular function	Rs.144/-
003 - Eye		
02003001	Refraction/Fundoscopy	Rs.84/-
02003002	Ortho-optic check up	Rs.97/-

CODE	NAME OF INVESTIGATION	Maximum Approved Rate (INR) (Rs.)
02003003	Perimetry/field test	Rs.388/-
02003004	Clinical Photography	Rs.90/-
02003005	Electrooculogram	Rs.480/-
02003006	ERG	Rs.360/-
02003007	Flourescein Angioraphy	Rs.780/-
02003008	A-Scan	Rs.144/-
02003009	Tono Graphy	Rs.357/-
02003010	VER	Rs.300/-
02003011	Goldmen Perimetry	Rs.120/-
02003012	Specular microscopy ---	Rs.180/-
02003013	Indo cyaningreen Angiography of Retina	Rs.840/-
02003014	Indo cyaningreen Angiography - IRIS	Rs.840/-
02003015	Automated Perimetry	Rs.396/-
02003016	Corneal endothelial cell count	Rs.180/-
02003017	Corneal topography	Rs.180/-
02003018	Corneal pachymetry	Rs.180/-
02003019	Retinal nerve film analyzer studies	Rs.96/-
02003020	Auto Refractometry	Rs.60/-
02003021	Biometry	Rs.150/-
02003022	Ultrasound studies - A Scan	Rs.540/-
02003023	Ultrasound studies -- B Scan	Rs.540/-
02003024	Retinal/Meter function studies	Rs.120/-
02003025	PAN ACUITY METER	Rs.180/-
02003026	Laser interferometry	Rs.630/-
02003027	EKG, EOG	Rs.420/-
02003028	Dacryocystography (DGC)	Rs.420/-
02003029	Orbital Angio studies	Rs.420/-
004 - Physiotherapy		
02004001	Muscle testing and diagnostic	Rs.84/-
005 - Dental		
02005001	Intra oral X-ray (Digital)	Rs.78/-

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	006 - Others				
02006001	Upper G.I. Endoscopy	Rs.1050/-	02007023	Barium Enema	Rs.1152/-
02006002	Upper G.I. Endoscopy with Biopsy	Rs.1248/-	02007024	Barium Meal Upper or Lower	Rs.954/-
02006003	Sigmoidoscopy (rigid)	Rs.1350/-	02007025	Bronchography	Rs.1254/-
02006004	Sigmoidoscopy (flexible)	Rs.1110/-	02007026	I.V. Urography	Rs.1350/-
02006005	Oesophagoscopy	Rs.1080/-	02007027	Myelography	Rs.1498/-
02006006	Colonoscopy	Rs.1740/-	02007028	Pneumo Encephalography	Rs.1116/-
02006007	Fiberoptic bronchoscopy	Rs.2160/-	02007029	Barium meal Complete	Rs.1230/-
	007 - X-Ray (Digital X Ray)		02007030	Cerebral/Femoral Angiography	Rs.1685/-
02007001	Fluroscopy chest	Rs.120/-		008 - Conventional X-Ray (70% of Digital X-Ray rates)	
02007002	Occlusal	Rs.131/-	02008001	Fluroscopy chest	Rs.84/-
02007003	Abdomen AP or Erect (one film)	Rs.126/-	02008002	Occlusal	Rs.92/-
02007004	Abdomen Lateral view (one film)	Rs.126/-	02008003	Abdomen AP or Erect (one film)	Rs.88/-
02007005	Abdomen for Pregnancy	Rs.126/-	02008004	Abdomen Lateral view (one film)	Rs.88/-
02007006	Chest PA view (one film)	Rs.126/-	02008005	Abdomen for Pregnancy	Rs.88/-
02007007	Chest Oblique or Lateral (One film)	Rs.126/-	02008006	Chest PA view (one film)	Rs.88/-
02007008	Mastoids	Rs.144/-	02008007	Chest Oblique or Lateral (One film)	Rs.88/-
02007009	Extremities, bones & Joints (one film)	Rs.132/-	02008008	Mastoids	Rs.101/-
02007010	Pelvis (One film)	Rs.126/-	02008009	Extremities, bones & Joints (one film)	Rs.92/-
02007011	Paranasal sinuses (One film)	Rs.132/-	02008010	Pelvis (One film)	Rs.88/-
02007012	T.M. Joints (One film)	Rs.132/-	02008011	Paranasal sinuses (One film)	Rs.92/-
02007013	Abdomen & pelvis for K.U.B.	Rs.234/-	02008012	T.M. Joints (One film)	Rs.92/-
02007014	Skull A.P. & Lateral	Rs.222/-	02008013	Abdomen & pelvis for K.U.B.	Rs.164/-
02007015	Spine A.P. & Lateral	Rs.234/-	02008014	Skull A.P. & Lateral	Rs.155/-
02007016	Barium Swallow	Rs.690/-	02008015	Spine A.P. & Lateral	Rs.164/-
02007017	Sinography/ Sialography	Rs.744/-	02008016	Barium Swallow	Rs.483/-
02007018	Cystography/ Urethrography	Rs.1116/-	02008017	Sinography/ Sialography	Rs.521/-
02007019	Hystero-Salpaingography	Rs.1110/-	02008018	Cystography/ Urethrography	Rs.781/-
02007020	Arthrography	Rs.840/-	02008019	Hystero-Salpaingography	Rs.777/-
02007021	Retrograde Pyelography	Rs.1080/-	02008020	Arthrography	Rs.588/-
02007022	Oral or I.V. Cholecystography	Rs.720/-	02008021	Retrograde Pyelography	Rs.756/-
			02008022	Oral or I.V. Cholecystography	Rs.504/-

Annexure- B
(Notification No. 3473-F dt 11.05.09.)

Rate list for Health Care Organizations empanelled under the West Bengal Health Scheme 2008.

CODE	NAME OF INVESTIGATION	Maximum Approved Rate (INR) (Rs.)	CODE	NAME OF INVESTIGATION	Maximum Approved Rate (INR) (Rs.)
02008023	Barium Enema	Rs.806/-	02010014	Smear analysis	Rs.85/-
02008024	Barium Meal Upper or Lower	Rs.668/-	02010015	Body fluid (CSF/Ascitic Fluid etc.) Chemistry, Sugar, Protein etc.	Rs.222/-
02008025	Bronchography	Rs 878/-	02010016	Body fluid for Malignant cells	Rs.180/-
02008026	I.V. Urography	Rs 945/-		011 - Haematology	
02008027	Myelography	Rs 1049/-	02011001	Haemoglobin (Hb)	Rs.36/-
02008028	Pneumo Encephalography	Rs.781/-	02011002	Total Leucocytic Count (TLC)	Rs.36/-
02008029	Barium meal Complete	Rs.861/-	02011003	Differential Leucocytic Count (DLC)	Rs.36/-
02008030	Cerebral/Femoral Angiography	Rs.1180/-	02011004	E.S.R.	Rs.36/-
	009 - Ultrasound Investigations		02011005	Total Red Cell count	Rs.48/-
02009001	Obstetric First Scan	Rs.450/-	02011006	Platelet count	Rs.60/-
02009002	Obstetric Follow up (2nd visit)	Rs.444/-	02011007	Reticulocyte count	Rs.60/-
02009003	Upper abdomen First Scan	Rs.600/-	02011008	Absolute Eosinophil count	Rs.48/-
02009004	Upper abdomen Follow up (2nd visit)	Rs.600/-	02011009	Packed Cell Volume (PCV)	Rs.36/-
02009005	Quick look check-up for IUCD & Infants	Rs.540/-	02011010	Peripheral Smear Examination	Rs.48/-
02009006	Total Abdominal survey or Multiple organ study	Rs.900/-	02011011	Smear for Malaria parasite	Rs.48/-
02009007	Special procedures & Aspiration etc.	Rs.1230/-	02011012	Bleeding & Clotting Time	Rs.48/-
02009008	Image Intensifiers	Rs.660/-	02011013	Clot Retraction Time	Rs.48/-
	010 - Clinical Pathology		02011014	R.B.C. Fragility Test	Rs.73/-
02010001	Urine routine	Rs.48/-	02011015	L.E. Cell	Rs.108/-
02010002	Quantitative Albumin/Sugar	Rs.48/-	02011016	Foetal Haemoglobin (Hb-F)	Rs.192/-
02010003	Urine Bile Pigment and Salt	Rs.48/-	02011017	Prothrombin Time (P.T.)	Rs.150/-
02010004	Urine Urobilinogen	Rs.48/-	02011018	Complete Haemogram	Rs.121/-
02010005	Urine Ketones	Rs.48/-	02011019	Bone Marrow Smear Examination	Rs.264/-
02010006	Urine Occult Blood	Rs.48/-	02011020	Partial Thromboplastin	Rs.194/-
02010007	Urine total proteins	Rs.96/-	02011021	Glucose 6 Phosphate Dehydrogenase (G, 6PD)	Rs.194/-
02010008	Urine Sodium	Rs.90/-		012 - Blood Bank	
02010009	Urine Chloride	Rs.90/-	02012001	Blood Group & RHO Type	Rs.90/-
02010010	Bence Jones protein	Rs.84/-	02012002	Cross match	Rs.48/-
02010011	Stool routine	Rs.48/-	02012003	Packed cell preparation	Rs.48/-
02010012	Stool occult blood	Rs.48/-			
02010013	Post coital smear examination	Rs.85/-			

Annexure- B
(Notification No. 3473-F dt 11.05.09.)

Rate list for Health Care Organizations empanelled under the West Bengal Health Scheme 2008.

CODE	NAME OF INVESTIGATION	Maximum Approved Rate (INR) (Rs.)	CODE	NAME OF INVESTIGATION	Maximum Approved Rate (INR) (Rs.)
02012004	Coomb's Test Direct	Rs.145/-	02013032	Blood gas analysis with electrolytes	Rs.437/-
02012005	Coomb's Test Indirect	Rs.145/-	02013033	Cortisol	Rs.600/-
02012006	Australia Antigen	Rs.194/-		014 - Histopathology	
02012007	RHO, Antibody titer	Rs.168/-	02014001	Pap Smear	Rs.186/-
	013 - Bio-Chemistry		02014002	Histopathology	Rs.174/-
02013001	Glucose blood	Rs.60/-	02014003	Frozen section & Paraffin section	Rs.288/-
02013002	Blood Urea Nitrogen	Rs.72/-	02014004	Vaginal Cytology for Hormonal evaluation	Rs.282/-
02013003	Serum Creatinine	Rs.78/-		015 - Bactriology & Serology	
02013004	Serum Uric Acid	Rs.84/-	02015001	Smear gram-strain examination	Rs.73/-
02013005	Serum Bilirubin total & direct	Rs.126/-	02015002	Sputum smear A.F.B. stain	Rs.73/-
02013006	Serum Iron	Rs.194/-	02015003	Vaginal Smear Examination	Rs.73/-
02013007	Serum Cholesterol	Rs.96/-	02015004	V.D.R.L.	Rs.84/-
02013008	Total Iron Binding Capacity	Rs.242/-	02015005	Widal test	Rs.120/-
02013009	Glucose (Fasting & PP)	Rs.120/-	02015006	Rheumatoid Factor test	Rs.138/-
02013010	Serum Calcium	Rs.97/-	02015007	Culture & Sensitivity (other specimens)	Rs.150/-
02013011	Serum Phosphorus	Rs.96/-	02015008	Urine pregnancy test	Rs.150/-
02013012	Total Protein Alb/Glo Ratio	Rs.120/-	02015009	C.R.P.	Rs.169/-
02013013	S.G.P.T.	Rs.96/-	02015010	ASO Titer	Rs.194/-
02013014	S.G.O.T.	Rs.96/-	02015011	Quantitative H.C.G.	Rs.302/-
02013015	Serum amylase	Rs.194/-	02015012	Blood culture & sensitivity	Rs.194/-
02013016	Serum Electrolyte	Rs.242/-	02015013	Vibro cholera culture	Rs.169/-
02013017	Triglyceride	Rs.186/-		016 - Obstetric Cases	
02013018	Glucose Tolerance Test (GTT)	Rs.290/-	02016001	Examination under anaesthesia	Rs.2424/-
02013019	C.P.K.	Rs.242/-	02016002	Laparoscopy (Gynae)	Rs.6060/-
02013020	L.D.H.	Rs.181/-		017 - Biopsies	
02013021	L.D.-1	Rs.181/-	02017001	Cervical Lymph Node	Rs.1560/-
02013022	LDH & LD-1	Rs.314/-	02017002	Auxillary Lymph Node	Rs.2040/-
02013023	Alkaline Phosphatase	Rs.97/-	02017003	Inguinal Lymph Node	Rs.2040/-
02013024	Acid Phosphatase	Rs.121/-	02017004	Excision/Biopsy of Large Lymph Nodes	Rs.2040/-
02013025	CK MB	Rs.372/-	02017005	Excision Biopsy of Ulcers	Rs.3300/-
02013026	T3, T4, TSH	Rs.630/-			
02013027	HDL Cholestrol	Rs.145/-			
02013028	LH	Rs.360/-			
02013029	FSH	Rs.372/-			
02013030	Prolactin	Rs.414/-			
02013031	Blood gas analysis	Rs.340/-			

Annexure- B
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Rate list for Health Care Organizations empanelled under the West Bengal Health Scheme 2008.

CODE	NAME OF INVESTIGATION	Maximum Approved Rate (INR) (Rs.)	CODE	NAME OF INVESTIGATION	Maximum Approved Rate (INR) (Rs.)
02017006	Excision Biopsy of Superficial Lumps	Rs.3600/-	02020003	EP STUDY	Rs.8400/-
02017007	Incision Biopsy of Growths /Ulcers	Rs.1800/-	02020004	RF ABLATION	Rs.26400/-
02017008	Trucut Needle Biopsy	Rs.1920/-		021 - Abdomen	
02017009	Kidney biopsy	Rs.1920/-	02021001	Gastroscopy	Rs.1170/-
02017010	Percutaneous Kidney Biopsy	Rs.1920/-	02021002	Gastric & Duodenal Biopsy (Endoscopic)	Rs.1560/-
02017011	Spleen Aspiration	Rs.1920/-		022 - Nephrology / Genitourinary	
02017012	Marrow Biopsy (Open)	Rs.1932/-	02022001	Biopsy of Bladder (Cystoscopic)	Rs.6600/-
02017013	Muscle Biopsy	Rs.1740/-	02022002	Urethroscopy	Rs.4830/-
02017014	Scalene Node Biopsy	Rs.1452/-		023 - Orthopaedic Surgery Procedure	
02017015	Direct Laryngoscopy	Rs.5400/-	02023001	Arthrography & Osteomedullography	Rs.10440/-
02017016	Fibroptic Laryngoscopy	Rs.3000/-	02023002	Arthroscopy - Diagnostic	Rs.11100/-
	018 - Head & Neck Cancer			024 - Neuro-Surgery	
02018001	Excisional Biopsies	Rs.6000/-	02024001	Placement of ICP Monitor -	Rs.6000/-
	019 - Cardio Respiratory Procedures		02024002	Lumber Pressure Monitoring	Rs.6036/-
02019001	Direct Laryngoscopy	Rs.4380/-	02024003	Nerve Biopsy	Rs.8242/-
02019002	Bronchoscopy	Rs.2400/-	02024004	Brain Biopsy	Rs.8242/-
02019003	Mediastinoscopy	Rs.2880/-	02024005	Brain Mapping	Rs.2400/-
02019004	Pleural Biopsy	Rs.3630/-		025 - Paediatric Surgery	
02019005	Thoracoscopy	Rs.6600/-	02025001	Rectal Biopsy (Megacolon)	Rs.14970/-
02019006	Pulmonary function test BMR	Rs.702/-		026 - Gynae, Operation Charges	
02019007	Spirometry	Rs.702/-	02026001	Diagnostic Curettage	Rs.2666/-
02019008	Spirometry with Helium Dilution	Rs.1620/-	02026002	Fractional Curettage	Rs.3394/-
02019009	Spirometry with Helium Dilution with diffusion capacity studies	Rs.1620/-	02026003	D & C and Cervical Biopsy	Rs.3394/-
02019010	Pulmonary exercise testing	Rs.936/-	02026004	Laparoscopy Diagnostic	Rs.6000/-
02019011	Open Lung Biopsy	Rs.18000/-	02026005	Hysteroscopy Diagnostic	Rs.7272/-
02019012	Medicistinoscopy(cervical)	Rs.10800/-		027 - Laproscopic Operations In Gen. Surgery / Gastrohepatic / Nephro-	
02019013	Video-assisted thoracoscopy (VATS)	Rs.36960/-	02027001	Diagnostic Laproscopy	Rs.6570/-
	020 - Cardiac / Cardio Thoracic Procedures				
02020001	Test of Pacemaker	Rs.582/-			
02020002	DSA	Rs.5400/-			

Annexure- B
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Rate list for Health Care Organizations empanelled under the West Bengal Health Scheme 2008.

CODE	NAME OF INVESTIGATION	Maximum Approved Rate (INR) (Rs.)	CODE	NAME OF INVESTIGATION	Maximum Approved Rate (INR) (Rs.)
	028 - Specialised Procedures / Investigations				
02028001	Cat Scan (C.T.) Head - Without Contrast	Rs.1620/-	02028018	C.T. Scan Chest - Without Contrast	Rs.2790/-
02028002	Cat Scan (C.T.) Head - with Contrast	Rs.1890/-	02028019	C.T. Scan Chest - with Contrast	Rs.2988/-
02028003	C.T. Head Scan Involv. Spl. Investigation - Without Contrast	Rs.2304/-	02028020	C.T. Scan Upper Abdomen - Without Contrast	Rs.2510/-
02028004	C.T. Head Involv. Spl. Investigation -with Contrast	Rs.2574/-	02028021	C.T. Scan Upper Abdomen - with Contrast	Rs.3120/-
02028005	C.T. Chest (HRCT) - Without Contrast	Rs.2790/-	02028022	C.T. Scan Lower Abdomen - Without Contrast	Rs.2510/-
02028006	C.T. Chest (HRCT) - with Contrast	Rs.2988/-	02028023	C.T. Scan Lower Abdomen - with Contrast	Rs.3120/-
02028007	C.T. Spine(Cervical, Dorsal,Lumbar,Sacral) - Without Contrast	Rs.2790/-	02028024	C.T. Scan Whole Abdomen - Without Contrast	Rs.5022/-
02028008	C.T. Spine (Cervical, Dorsal,Lumbar,Sacral) - with Contrast	Rs.2988/-	02028025	C.T. Scan Whole Abdomen - with Contrast	Rs.5670/-
02028009	C.T. Cervical C.T. 3D Reconstruction only –	Rs.1200/-	02028026	C.T. Scan Neck (Thyroid Soft Tissue) - Without Contrast	Rs.2328/-
02028010	C.T. Guided Biopsy	Rs.1860/-	02028027	C.T. Scan Neck (Thyroid Soft Tissue) - with Contrast	Rs.2832/-
02028011	C.T. Guided percutaneous cath drainage	Rs.2418/-	02028028	C.T. Scan Orbits - Without Contrast	Rs.2328/-
02028012	C.T. Myelogram (Cervical Spine) - Without Contrast	Rs.3070/-	02028029	C.T. Scan Orbits - with contract	Rs.2358/-
02028013	C.T. Myelogram (Cervical Spine) - with Contrast	Rs.3930/-	02028030	C.T. Scan Limbs - Without Contrast	Rs.2790/-
02028014	C.T. Myelogram (Lumbar Spine or D/S) - Without Contrast	Rs.3070/-	02028031	C.T. Scan Limbs - with Contrast	Rs.2280/-
02028015	C.T. Myelogram (Lumbar Spine or D/S)- with Contrast	Rs.3930/-	02028032	C.T. Scan Whole Body - Without Contrast	Rs.10080/-
02028016	C.T. Scan Brain - Without Contrast	Rs.1620/-	02028033	C.T. Scan Whole Body - with Contrast	Rs.14400/-
02028017	C.T. Scan Brain - with Contrast	Rs.1890/-	02028034	C.T. Scan of Para Nasal Sinus - Without Contrast	Rs.2280/-
			02028035	C.T. Scan of Para Nasal Sinus - with Constrast	Rs.3456/-
				029 - MRI	
			02029001	MRI Head - Without Contrast	Rs.6000/-

Annexure- B
(Notification No. 3473-F dt 11.05.09.)

Rate list for Health Care Organizations empanelled under the West Bengal Health Scheme 2008.

CODE	NAME OF INVESTIGATION	Maximum Approved Rate (INR) (Rs.)	CODE	NAME OF INVESTIGATION	Maximum Approved Rate (INR) (Rs.)
02029002	MRI Head - with Contrast	Rs.9600/-	02029024	MRI Ankle Both - with Contrast	Rs.9600/-
02029003	MRI Orbits - without Contrast	Rs.6000/-	02029025	MRI Hip - Without Contrast	Rs.6000/-
02029004	MRI Orbits - with Contrast	Rs.9600/-	02029026	MRI Hip - with Contrast	Rs.9600/-
02029005	MRI Nasopharynx and PNS - Without Contrast	Rs.6000/-	02029027	MRI Pelvis - Without Contrast	Rs.6000/-
02029006	MRI Nasopharynx and PNS - with Contrast	Rs.9600/-	02029028	MRI Pelvis - with Contrast	Rs.9600/-
02029007	MRI Neck - Without Contrast	Rs.6000/-	02029029	MRI Extremities - Without Contrast	Rs.6000/-
02029008	MRI Neck - with Contrast	Rs.9600/-	02029030	MRI Extremities - with Contrast	Rs.9600/-
02029009	MRI Shoulder - Without Contrast	Rs.6000/-	02029031	MRI Temporomandibular Single Joint - Without Contrast	Rs.6000/-
02029010	MRI Shoulder - with Contrast	Rs.9600/-	02029032	MRI Temporomandibular Single Joint - with Contrast	Rs.9600/-
02029011	MRI Shoulder both Joint - Without Contrast	Rs.6000/-	02029033	MRI Temporomandibular Double Joints - Without Contrast	Rs.6000/-
02029012	MRI Shoulder both Joint - with Contrast	Rs.9600/-	02029034	MRI Temporomandibular Double Joints - with contrast	Rs.9600/-
02029013	MRI Wrist - Without Contrast	Rs.6000/-	02029035	MRI Abdomen - Without Contrast	Rs.6000/-
02029014	MRI Wrist - with Contrast	Rs.9600/-	02029036	MRI Abdomen - with Contrast	Rs.9600/-
02029015	MRI Wrist both Joint - Without Contrast	Rs.6000/-	02029037	MRI Breast - Without Contrast	Rs.6000/-
02029016	MRI Wrist both Joint - with Contrast	Rs.9600/-	02029038	MRI Breast - with Contrast	Rs.9600/-
02029017	MRI Knee Joint - Without Contrast	Rs.6000/-	02029039	MRI Spine Screening - Without Contrast	Rs.5400/-
02029018	MRI Knee Joint - with Contrast	Rs.9600/-	02029040	MRI Spine Screening - with Contrast	Rs.9600/-
02029019	MRI Knee both Joint - Without Contrast	Rs.6000/-	02029041	MRI Chest - Without Contrast	Rs.6000/-
02029020	MRI Knee both Joint - with Contrast	Rs.9600/-	02029042	MRI Chest - with Contrast	Rs.9600/-
02029021	MRI Ankle - Without Contrast	Rs.6000/-	02029043	MRI Cervical Spine - Without Contrast	Rs.6000/-
02029022	MRI Ankle - with Contrast	Rs.9600/-	02029044	MRI Cervical Spine - with Contrast	Rs.9600/-
02029023	MRI Ankle Both - Without Contrast	Rs.6000/-			

Annexure- B
(Notification No. 3473-F dt 11.05.09.)

Rate list for Health Care Organizations empanelled under the West Bengal Health Scheme 2008.

CODE	NAME OF INVESTIGATION	Maximum Approved Rate (INR) (Rs.)
02029045	MRI Lumber Spine - Without Contrast	Rs.6000/-
02029046	MRI Lumber Spine - with Contrast	Rs.9600/-
02029047	MRI Screening - Without Contrast	Rs.5400/-
02029048	MRI Screening - with Contrast	Rs.8400/-
02029049	MRI Angiography - Without Contrast	Rs.6000/-
02029050	MRI Angiography - with Contrast	Rs.6000/-
030 - Other Investigations		
02030001	Mammography (Single side)	Rs.540/-
02030002	Mammography (Both sides)	Rs.648/-
02030003	Bone Densitometry Single site	Rs.720/-
02030004	Bone Densitometry Two sites	Rs.1080/-
02030005	Bone Densitometry Three sites (Spine , Hip & one extremity)	Rs.1440/-
02030006	Bone Densitometry Whole body	Rs.1800/-
02030007	2 D Echo with colour Doppler	Rs.1320/-
02030008	Trans Oesophaedral Echo (TEE)	Rs.840/-
02030009	Holter Analysis & Holter Report (with Prd. Specification)	Rs.1470/-
02030010	Fluoroscopic Screening	Rs.120/-
02030011	Oxygen Saturation	Rs.120/-
02030012	Cardiac Cath Angiography (Without Coronary Angioplasty)	Rs.13200/-
02030013	Aortogram	Rs.3900/-
02030014	Package charges for Cardiovascular investigation	Rs.408/-

CODE	NAME OF INVESTIGATION	Maximum Approved Rate (INR) (Rs.)
02030015	Fiberoptic Bronchoscopy with Washing/Biopsy	Rs.1800/-
02030016	Uroflow Study (Micturometry)	Rs.276/-
02030017	Urodynamic Study (Cystometry)	Rs.360/-
02030018	Cystoscopy with Retrograde Catheter Unilateral	Rs.2400/-
02030019	Cystoscopy with Retrograde Catheter Bilateral	Rs.3600/-
02030020	Cystoscopy Diagnostic	Rs.480/-
02030021	Cystoscopy with Bladder Biopsy	Rs.2400/-
02030022	Cortisol-blood	Rs.240/-
02030023	Voiding-cysto-urethrogram	Rs.360/-
02030024	Renal Transplant Evaluation	Rs.840/-
02030025	Whole body scan	Rs.1939/-
02030026	Spect bone Scan	Rs.2640/-
02030027	Bone Marrow Scan	Rs.1800/-
02030028	Scan (Spect)	Rs.2885/-
02030029	Stress Thallium	Rs.3600/-
02030030	Muga (Resting)	Rs.1440/-
02030031	Muga (Stress)	Rs.1800/-
02030032	A.V. Fistula	Rs.3000/-
02030033	Coronary Angiography	Rs.11700/-
02030034	Prostrate Specific Antigen (PSA)	Rs.500/-

Room Rent per day (inclusive of all diet, nursing, linen, electricity & water charges, monitoring, clinical care provision)

General Ward :	Rs.600/-
Semi Private Ward :	Rs.1200/-
Private Ward :	Rs.1800/-
Day Care (all categories) :	Rs.600/-

**Government of West Bengal
Finance Department
Audit Branch**

No: 3474 F

dt. : 11.05.09.

Memorandum

The State Govt. employees and their family members are entitled to the medical facilities under **the West Bengal Services (Medical Attendance) Rules, 1964**, as amended from time to time. To provide better medical facilities to the State Govt. employees and their family members a liberalized medical assistance Scheme in the name "**the West Bengal Health Scheme, 2008**" has been introduced under notification no. **7287-F dt.19. 09.2008**. It has come into force w.e.f. 01.06.2009 as notified under no. 3472 F dt 11.05.09. List of hospitals and approved rates have been notified under no. 3473 F dt. 11.05.09.

An employee who wants to get benefits of the Scheme for himself and his/her family members in addition to the facilities entitled under the **West Bengal Services (Medical Attendance) Rules, 1964**, as subsequently amended shall have to furnish option in form 'A' in duplicate appended to the Scheme and he/she will not be entitled to draw regular medical allowance with effect from the date of enrolment under the Scheme. Detailed procedure as laid down in **clause-4** of the Scheme should be followed for enrolment.

Note: If husband and wife both are Govt. employees under the Govt. of West Bengal and if one opts under the Scheme, both will not be entitled to draw regular medical allowance.

(2) In these orders-

'Eligible Govt. Employee' means a Govt. employee enrolled under the **West Bengal Health Scheme, 2008**.

(3) Family :

- (a) For availing medical facilities under the West Bengal Health Scheme, 2008, **children, minor brothers, minor sisters, parents** as defined in **clause-3(e)** of the Scheme, shall be deemed to be dependent on the Govt. employee if they are normally residing with him/her and fulfills the conditions of income.

- Note:**
- (i) 'Son' is considered to be dependent till he starts earning or attains the age of 25 years, whichever is earlier. Son suffering from permanent disabilities either physically or mentally will be considered dependent without any age limit.
 - (ii) Unmarried daughter is eligible till she starts earning (irrespective of age).
 - (iii) As an exception, parents can live away from employee in another station with other members of family.
 - (iv) A declaration regarding the income of parents should be furnished by the employee concerned once at the beginning of every calendar year.

- (b) it is the responsibility of the employee concerned to apply for deletion of the name of any dependent member of his/ her family from the Scheme, when the ward is no longer entitled to the benefits eligible under the Scheme. The failure on the part of the Govt. employee to get the name of the

child deleted from the Scheme when he/she is no longer dependent on him/her will amount to suppression of fact and it will be treated as a good and sufficient reason for initiating disciplinary proceedings against him/her in terms of the **W.B.S. (C.C.A.) Rules, 1971** as amended.

(4) Hospitals/ Nursing Homes/ Diagnostic Centres :

Apart from the Govt. Hospitals, Hospitals run by Municipal Corporations, Municipalities and other Local Bodies and State-aided Hospitals, the Private Hospitals, Nursing Homes, Institutions, Clinics, Laboratories, Diagnostic Centres, etc. as per list attached in **annexure 'A'** of the notification no. 3473 F dt. 11.05.09 are recognized for the purpose of the West Bengal Health Scheme, 2008.

An eligible Govt. employee/ beneficiary shall show his/her Identity Card to the hospital/ diagnostic centre where he/ she intends to get medical attendance and treatment. The hospital/ diagnostic centre shall provide accommodation etc. as per entitlement as mentioned in clause -8 of the Scheme and provide medical services/ procedures, as are essential, to the Govt. employee/ beneficiary under memorandum of agreement (copy of **MOA** attached at Annexure-C) and shall charge for such services procedures/ investigations as per agreed rates. The beneficiary shall pay the costs to the Hospital/ Nursing Home/ Diagnostic Centre. However, in case of emergency, the Hospital shall not refuse admission or demand for advance from the eligible Govt. employee or his/her family members. The final bill shall be settled by the beneficiary before discharge. Any legal liability arising out of such services shall be the sole responsibility of the concerned empanelled hospital/ diagnostic centre and the same shall be dealt with by the concerned empanelled hospital/diagnostic centre.

Note : Private Hospitals/ Nursing Homes/ Diagnostic Centres, etc. have been classified into three classes (vide annexure A of the notification no 3473 F dt. 11.05.09). The rates to be charged by these Service Providers from the Govt. employees shall be as follows:

- (i) **Class-1 service provider:** 100% of approved rates or actual rate of the service provider, whichever is less.
- (ii) **Class-2 service provider:** 80% of approved rates or actual rate of the service Provider, whichever is less.
- (iii) **Class-3 service provider:** 70% of approved rates or actual rate of the service Provider, whichever is less.

(5) Approved Rates :

Rates for reimbursement of medical expenses for various treatments/ tests/ procedures have been specified under the Finance Department notification no. 3473 F dt. 11.05.09 (Annexure- 'B').

Private Hospitals, Diagnostic Centres, etc. shall charge for medical attendance and treatment of a beneficiary on the basis of approved rates or actual rates of the concerned hospital, whichever is less. For indoor treatment, Private Hospitals/ Diagnostic Centres shall charge medical expenses on the basis of package rate.

"Package rate" means and includes lump sum cost of in-patient treatment/day care/diagnostic procedures, etc. **Package rate includes:**

- (i) Registration charges,
- (ii) Admission charges,

-
- (iii) Accommodation charges including patients' diet,
 - (iv) Operation charges,
 - (iv) Injection charges,
 - (v) Dressing charges,
 - (vi) Doctor/ consultant charges,
 - (vii) ICU/ ICCU charges,
 - (ix) Monitoring charges,
 - (x) Transfusion charges,
 - (xi) Anaesthesia charges,
 - (xii) Operation theatre charges,
 - (xiii) Procedural charges/ surgeon's fee,
 - (xiv) Cost of surgical disposables and all sundries used during hospitalization,
 - (xv) Cost of medicines,
 - (xvi) Related routine and essential investigations,
 - (xvii) Physiotherapy charges etc, and
 - (xviii) Nursing care and charges for its services **but excluding expenses on telephone, tonics, toiletries, cosmetics, etc.**

Package rate does not include cost of implants. The reimbursement of the cost of implants is admissible as per approved W.B.H.S., 2008 rates for implants or as per actuals in case there is no prescribed ceiling.

In case, no "package deal" is possible, costs may be calculated for medical attendance, medicines, investigations, bed charges and procedures, etc as per approved rates/ actuals.

Note: Actual cost of Pacemaker, coronary stents, heart valves, Intra-ocular Lens, various artificial appliances, Neuro-implants will be reimbursed in full. But when use of a dual-chamber Pacemaker or use of more than two stents or use of more than one drug eluting stent is essential, prior permission of the West Bengal Health Scheme Authority under the Finance Department should be obtained.

(6) Facilities:

An eligible employee or a family member of an eligible employee shall be entitled to the following facilities, namely:

- (a) Medical attendance and treatment as an indoor patient in a recognized hospital or institution; and
- (b) Medical attendance and treatment at out patient department of a recognized hospital or an institution, or a clinic attached to such hospital or institution.

Reimbursement of the cost in the above cases shall be allowed in terms of clauses 6, 7 & 9 of the West Bengal Health Scheme, 2008.

An employee or beneficiary shall be entitled to accommodation in the case of medical attendance and treatment as an indoor patient as per **clause-8** of the Scheme.

- Note:** (i) Normally, the treatment in higher category of accommodation than the entitled category shall not be permissible. However, in case of emergency when the entitled category of accommodation is not available, admission to immediate higher category may be allowed till the entitled category of accommodation becomes available. However, if a particular hospital does not have the ward as per entitlement of the employee, the hospital may only make bill as per the entitlement of the employee even though the treatment was given in a higher type of accommodation.
- (ii) If, on request of the employee/ beneficiary, treatment is provided in a higher category of accommodation other than that of entitled class, the expenditure, over and above the entitlement, shall be borne by the employee/ beneficiary.

(7) Identity Cards:

Blank identity cards shall be supplied by the Medical Cell under the Finance Department. Cadre Controlling Departments or the Heads of offices through the Administrative Departments shall place requisition for supply of blank cards.

Identity Cards may be issued to a Govt. employee and his/ her family members following **Clause-10** of the Scheme. **G.P.F.** number shall be used as code number of the employee.

Example: If an employee has four family members, including himself :

- (a) Identification number of the employee shall be: **G.P.F. No. / 1/ 4.**
- (b) Identification number of wife may be: **G.P.F. No. of employee/ 2/ 4.**
- (c) Identification number of another beneficiary may be: **G.P.F. No. of employee/ 3/ 4.**
- (d) Identification number of remaining beneficiary may be: **G.P.F. No of employee/ 4/ 4.**

A list of employees to whom identity cards have been issued shall be forwarded to the Finance Department through the concerned Administrative Department.

(8) Intimation of Medical Attendance and Treatment :

An employee shall give intimation to the Cadre Controlling Department or the Head of Office within due time as mentioned in Clause- 11 of the Scheme. Such intimation is vital for settlement of claims for reimbursement.

(9) Settlement of Claims :

An eligible Govt. employee under the **West Bengal Health Scheme, 2008** should make an application to the concerned authority as mentioned in **Clause-12** of the Scheme preferring claim for reimbursement of medical expenditure and settlement of advance, if any, within the specified period of three months of the completion of treatment. The respective Department, the Directorate or the office, as the case may be, to which the employee is attached shall examine and settle the medical claim following **Clause-13** of the Scheme. The expenditure shall be met from the head "**12- Medical Reimbursement under the West Bengal Health Scheme, 2008**" subordinate to the concerned head of account under which his/ her salary is drawn. While settling a claim following guidelines may be followed:

- (i) For treatment within the State in Govt. hospital/ Govt. aided hospital or recognised Private hospitals vide **Annexure-A** of the Finance Department notification no. 3473 F dt. 11.05.09 the treatment-cost may be reimbursed on the basis of approved rates given in **Annexure- B** of the Finance Department notification no. 3473 F dt. 11.05.09 or the actual cost, whichever is less. Class of the Service Provider (Hospitals/ Diagnostic Centres) should be taken into account for reimbursement of the costs.

All the Private hospitals/ diagnostic centres mentioned in **Annexure-'A'** have signed agreement on the basis of **Memorandum of Agreement (MOA)** (copy of **MOA** attached at **Annexure-C**) with the Authority of the West Bengal Health Scheme under the Finance Department, Govt. of West Bengal about recognition and the rates for various medical procedures/ tests/ investigations. The **MOA** signed with the hospitals also includes the ceiling rates quoted/ offered by the hospital/ diagnostic centre. If the rates quoted by the hospital are lower than the ceiling rates given in **Annexure-B**, the reimbursement may be allowed on that lower rates.

- (ii) No consultation with the Health and Family Welfare Department and the Finance Department will be necessary for reimbursement of the cost of treatment as indoor patient or as outdoor patient in the recognized hospitals.
- (iii) No reimbursement may be allowed for treatment taken from unrecognized Private hospitals/ Nursing homes.
- (iv) Cost of medicines are reimbursable in full except preparations classified as food, tonics, vitamins, disinfectants, toilet preparations, cosmetic items, telephone calls, etc. Charges for pathological and radiological investigations, cost of devices, implants, etc. as are considered essential and not included in the Package are reimbursable in full.
- (v) Special nursing/ Aya/ Attendant charges are reimbursable in full.
- (vi) Blood transfusion charges are reimbursable in full but cost of blood is reimbursable as per State Govt. Hospital rate.
- (vii) Where an eligible Govt. employee has taken a Medical Insurance Policy would be allowed to claim reimbursement of medical expenses both from insurance company as well as the West Bengal Health Scheme, 2008 subject to the observance of the following procedure:

A medical claim against the original vouchers/ cash-memos would be raised by the employee first from the insurance company who would issue a certificate to the Cadre Controlling Authority/ Head of Office of the amount reimbursed to the employee. He would then prefer his medical claim along with photo copies of vouchers/ cash-memos to the concerned office. The Cadre Controlling Authority/ Head of Office would then reimburse to the employee only the balance admissible amount on the basis of approved rates i.e., admissible amount minus the amount reimbursed by the insurance company.

(10) Treatment in a Hospital or Institution outside the State:

Eight Speciality Hospitals outside the State have been recognized for the purpose of the West Bengal Health Scheme, 2008 (vide notification no. 3473 F dt. 11.05.09).

For treatment in those hospitals prior permission of the Secretary of the department shall be required.

Such permission may be given when treatment in such a hospital is essential and referred by a recognized hospital. **West Bengal Health Scheme Authority** under the Finance Deptt. may be consulted, where necessary.

Reimbursement of the Costs of medical attendance and treatment in a recognized hospital outside the State may be made to the eligible Govt. employee following **Clause-14** of the scheme.

Cost of journey with one attendant, both ways, as per entitled class of **T.A. Rules** may be reimbursed to the employee.

(11) Medical Advance-

Advance for medical treatment may be granted to the eligible Govt. employee following Clause-15 of the West Bengal Health Scheme, 2008. D.D.O.S. may draw the advance in A.C. Bill to avoid delay. Adjustment of advance may be done as per rules.

Each Department/Cadre Controlling Authority/ Head of Office shall maintain records for monitoring the adjustment of the advance granted to the employee.

(12) Role of Administrative Departments (through Cadre Controlling Authority/ Head of Office) :

- (i) Assessment for budgetary requirement-

Each department will assess the requirement of fund under the head "12-Medical Reimbursement under the West Bengal Health Scheme, 2008" and place their demand to the West Bengal Health Scheme Authority under the Finance Department (Medical Cell) at Ground Floor, Main Block, Writers Building, Kolkata-1.

- (ii) Issue of Identity Cards-

Blank identity cards should be collected from the Medical Cell, Finance Department.

- (iii) Processing of application for advance and

- (iv) Settlement of claims.

Dipankar Mukhopadhyay
Principal Secretary to the
Government of West Bengal

**Government of West Bengal
Finance Department
Audit Branch**

No: 3475 F

dt. : 11.05.09.

Memorandum

The State Government pensioners and their family members are entitled to the medical facilities under the West Bengal Services (Medical Benefits for the State Government Pensioner) Rules, 1998 as amended from time to time.

Very often Pensioners find it difficult to get treatment for themselves and their family members in Govt. hospitals for want of accommodation. As a result, the State Govt. Pensioners and their family members are forced to get admission in Private hospitals/ Nursing homes and in such cases no reimbursement of cost of treatment is admissible as per the said rules. Even if admission can be acquired in Govt. hospital, reimbursement of cost of medicines purchased from outside and cost of devices procured for treatment is extremely inadequate.

(2) Considering the problems faced by the State Govt. Pensioners/ family pensioners in the matter of medical attendance and treatment as well as reimbursement of the medical expenses it was decided to extend the benefits of the West Bengal Health Scheme, 2008 to the State Government Pensioners and their family members (Clause- 16 of the West Bengal Health Scheme, 2008). Now the Governor is pleased to extend the benefits of the West Bengal Health Scheme, 2008, in addition to the West Bengal Services (Medical Benefits) Rules, 1998, as subsequently amended, to the State Government Pensioners and their family members with effect from 01/06/2009.

(3) In these orders:

- (i) "State Government Pensioner or family pensioner" means pensioners who are drawing/ entitled to draw pension/family pension w.e.f. 01.06.2009.
- (ii) "Pension" means the basic pension inclusive of commuted portion, if any. It covers all classes of pensions under The West Bengal Services (Death-Cum-Retirement Benefit) Rules, 1971 as amended from time to time or any other rules as issued by the Government of West Bengal for the employees under this State Government from time to time.
- (iii) "family pension" means basic family pension/ex-gratia family pension/ad-hoc family pension/ extraordinary family pension due on 01.06.09 under the West Bengal Services (Death-Cum-Retirement Benefit) Rules, 1971, the West Bengal Services (Extraordinary Pension) Rules, 1971 or Family Pension Scheme, 1965.
- (iv) "beneficiary" means a member of the family of a State Government pensioner.
- (v) "family", in relation to a State Govt. Pensioner, means-
 - (a) children including step-children and unmarried daughters,
 - (b) dependent minor brothers,
 - (c) dependent minor sisters,

- (d) father or mother whose family income does not exceed rupees one thousand five Hundred p.m.,
- (e) wife or husband, as the case may be ;

Note: (i) Son is considered to be dependent till he starts earning or attains the age of 25 years whichever is earlier. Son suffering from permanent disabilities either physically or mentally will be considered dependent without any age limit.

(ii) Unmarried daughter is eligible till she starts earning (irrespective of age).

(iii) It is the responsibility of the Pensioner concerned to intimate the Pension Sanctioning Authority when a ward is no more entitled to the benefits eligible under the West Bengal Health Scheme, 2008.

(vi) 'Eligible State Govt. Pensioner' means a State Govt. Pensioner enrolled under the **West Bengal Health Scheme, 2008.**

(4) Enrolment:

- (i) The provision of enrolment under the Scheme shall be optional.
- (ii) A State Govt. Pensioner/ Family pensioner shall not be entitled to draw regular medical relief with effect from the date of effect of such enrolment.
- (iii) A State Govt. Pensioner/ Family pensioner shall have the liberty to opt out of the Scheme of any time. Provided that where a State Govt. Pensioner/ Family pensioner or any family member has enjoyed any benefit under the Scheme, such pensioner shall not be allowed to opt out of the Scheme within five years from the month following the month in which he/ she enjoyed the benefit.
- (iv) A State Govt. Pensioner/ family pensioner seeking enrolment under the West Bengal Health Scheme, 2008 shall exercise option in Form No-I in duplicate along with an undertaking that upon enrolment under the Scheme such Pensioner/ Family pensioner shall forgo the regular medical relief drawn along with monthly pension.
- (v) The option referred to Sub-para (iv) shall be submitted to the Pension Sanctioning Authority. The Pension Sanctioning Authority after scrutinizing the option exercised by the pensioner shall issue a certificate of enrolment in Form-II in favour of the Pensioner/ Family pensioner to be effective from the first day of the month following the month in which the certificate is issued.
- (vi) The Pension Sanctioning Authority shall send one copy of the certificate to the concerned Pay and Accounts Office/ Treasury with a direction to discontinue the drawal of regular medical relief with effect from the first day of the month following the month in which the certificate is issued.

(5) Facilities:

An eligible State Govt. Pensioner and his/ her family members/ Family pensioner shall be entitled to the same medical attendance and treatment facilities as entitled by the State Government employees under clauses **5, 6, 7, 9** and **14** of the **West Bengal Health Scheme, 2008.**

(6) Accommodation:

In the case of medical attendance and treatment as an indoor patient in a hospital or an institution, an eligible State Govt. Pensioner/ family pensioner or beneficiary shall be entitled to such accommodation as mentioned in column- (4) of the table below, of the category of the state Govt. Pensioner as mentioned in

column- (2) to be determined on the basis of Basic Pay (Band Pay including Grade Pay) which he/ she drew before retirement or basic pension in column- (3) respectively, against the Sl. No as mentioned in column- (1) of the said table:-

Table

Sl. No. (1)	Category of Pensioner (2)	Basic Pay (Band Pay including Grade Pay) drawn before retirement/ Basic Pension (3)	Type of Accommodation (4)
1.	I	Above Rs. 27,000 p.m. / Rs. 13,500 p.m.	Private Ward
2.	II	Rs. 18,000 p.m. and above but below Rs. 27,000 p.m. / Rs. 9,000- Rs. 13,500 p.m.	Semi-Private Ward
3.	III	Below Rs. 18,000 p.m./ Rs. 9,000 p.m.	General Ward

Where the type of accommodation in a hospital does not correspond to the nomenclature as referred to column (4) of the table or any similar nomenclature, the Government shall, in consultation with the hospital authority, determine the entitlement of the beneficiary.

(7) Issue of Identity Card to Pensioner and Family Members:

- (i) The eligible pensioner and his/her family members shall be issued a photo-identity card with a unique identification number under seal and signature of the Pension Sanctioning Authority.
- (ii) The identification number of the Pensioner and beneficiary shall consist of three numbers, for example x/y/z where 'x' denotes the code number of the pensioner (P.P.O. number), 'y' denotes the serial number of the beneficiary belonging to the family of the pensioner (it being 1 in case pensioner himself/ herself) and 'z' denotes the total number of cards issued for the family of the pensioner.
- (iii) The blank identity cards with running serial numbers shall be supplied by the Finance Department on the basis of requisition received from pension sanctioning authorities through the Administrative Departments.
- (iv) The identity cards shall consist of two parts of which the issuing authority shall retain the first part and second part shall be handed over to the pensioner concerned.
- (v) A list of eligible Pensioners to whom identity cards have been issued shall be forwarded to the concerned Treasury Officer and also to the Finance Department.
- (vi) The identity card shall have a standard format and colour of the card shall be-
 - (a) **yellow**, in case of pensioners belonging to **Category I** mentioned in Table to **Para-6**;
 - (b) **pink**, in case of pensioners belonging to **Category II** mentioned in Table to **Para-6**;
 - (c) **white**, in case of pensioners belonging to **Category III** mentioned in Table to **Para-6**.
- (vii) A temporary family permit in Form-VI may be issued to a Pensioner enrolled under the Health Scheme by the Pension Sanctioning Authority for a period of six months, pending issue of photo-identity cards and such **temporary** family permit shall entitle the pensioner and his/her beneficiary to all the benefits of this scheme.

(8) Intimation of medical attendance and treatment:

An eligible Pensioner/ Family pensioner shall give intimation (Clause- 11 of the Scheme) within three days of commencement of medical attendance and treatment to the Pension Sanctioning Authority. Where a pensioner himself is undergoing treatment and not in a position to intimate personally, any member of his family may give such intimation.

(9) Hospitals/ Nursing Homes/ Diagnostic Centres :

Apart from the Govt. Hospitals, hospitals run by Municipal Corporations, Municipalities and other Local Bodies and State-aided Hospitals, the Private Hospitals, Nursing Homes, Institutions, Clinics, Laboratories, Diagnostic Centres, etc. as per list attached in **annexure 'A'** of the notification no. 3473 F dt. 11.05.09. are recognized for the purpose of the West Bengal Health Scheme, 2008.

An eligible Govt. pensioner shall show his/her Identity Card to the hospital/ diagnostic centre where he / she intends to get medical attendance and treatment. The hospital/ diagnostic centre shall provide accommodation etc. as per entitlement as mentioned in para-6 and provide medical services/ procedures, as are essential, to the eligible Govt. pensioner or family members under memorandum of agreement and shall charge for such services procedures/ investigations as per agreed rates. The beneficiary shall pay the costs to the Hospital/ Nursing Home/ Diagnostic Centre. However, in emergency, the Private Hospital shall not refuse admission or demand for advance from the eligible Govt. pensioner or his/her family members. The final bill shall be settled by the beneficiary before discharge.

Note : Private Hospitals/ Nursing Homes/ Diagnostic Centres etc. have been classified into three classes (vide annexure A of the notification no. 3473 F dt. 11.05.09.). The rates to be charged by these Service Providers from the eligible Govt. Pensioners shall be as

- (i) **Class -1 service provider:** 100% of approved rates or actual rate of the service provider whichever is less.
- (ii) **Class -2 service provider:** 80% of approved rates or actual rate of the service provider whichever is less.
- (iii) **Class -3 service provider:** 70% of approved rates or actual rate of the service provider whichever is less.

(10) Rates :

Rates for reimbursement of medical expenses for various treatments/ tests/ procedures have been specified under the Finance Department notification no. 3473 F dt. 11.05.09 (Annexure-B).

Private Hospitals, Diagnostic Centres, etc. shall charge for medical attendance and treatment of a beneficiary on the basis of approved rates or actual rates of the concerned hospital whichever is less. For indoor treatment Private Hospitals/ Diagnostic Centres shall charge medical expenses on the basis of package rate.

"Package rate" shall mean and include lump sum cost of in-patient treatment/ day care/ diagnostic procedures etc. **Package rate includes:**

- (i) Registration charges,
- (ii) Admission charges,
- (iii) Accommodation charges including patients diet,
- (iv) Operation charges,

-
- (v) Injection charges,
 - (vi) Dressing charges,
 - (vii) Doctor/ consultant charges,
 - (viii) ICU/ ICCU charges,
 - (ix) Monitoring charges,
 - (x) Transfusion charges,
 - (xi) Anaesthesia charges,
 - (xii) Operation theatre charges,
 - (xiii) Procedural charges/ surgeon's fee,
 - (xiv) Cost of surgical disposables and all sundries used during hospitalization,
 - (xv) Cost of medicines,
 - (xvi) Related routine and essential investigations,
 - (xvii) Physiotherapy charges etc, and
 - (xviii) Nursing care and charges for its services **but excluding expenses on telephone, tonics, toiletries, cosmetics, etc.**

Package rate does not include cost of implants. The reimbursement of the cost of implants is admissible as per approved W.B.H.S., 2008 rates or as per actuals in case, there is no prescribed ceiling.

In case, there is no "**package deal**" possible costs may be calculated for medical attendance, medicines, investigations, bed charges all procedures etc as per approved rates/ actuals.

Note: Actual cost of Pacemaker, coronary stents, heart valves, IOL, various artificial appliances, Neuro implants will be reimbursed in full. But when use of a dual chamber Pacemaker or use of more than two stents or use of more than one drug eluting stent are essential prior permission of the West Bengal Health Scheme Authority under the Finance Department is to be obtained.

(11) Claims for reimbursement of the cost of medical attendance and treatment:-

- (i) Application in Form-III for settlement of claim shall be made to the Pension Sanctioning Authority within three months of the completion of the treatment.
- (ii) The application referred to in sub-clause (i) shall be accompanied by the following documents:
 - (a) Essentiality Certificates in Form IV;
 - (b) Photocopy of the identity card issued to the pensioner, and where the claim relates to a member of the family of the pensioner, photocopy of the identity card issued to such member of the family of the pensioner;
 - (c) All original bills verified by the hospital, laboratory or institution;
 - (d) All original vouchers, cash memos and money receipts;
 - (e) Detailed lists of all medicines, laboratory tests, investigations, procedures, number of doctors' visits, etc. with dates, duly countersigned by an authorized person of the hospital where the

beneficiary has received medical attendance and treatment, along with a certificate from such authorized person to the effect that all charges are as per approved rates. In the bill prepared by the hospital, each service, procedure and investigation for which the beneficiary is charged should be specified, along with this reference number in the approved list;

- (f) Detailed list of all medicines purchased from outside and all laboratory tests, investigations and procedures done in a laboratory, institution or hospital other than the hospital where the patient has received medical attendance and treatment, along with a certificate from an authorized person of the hospital that such medicines had to be purchased or such laboratory tests, investigations and procedures had to be done on the advice of the attending physician of the hospital;
- (g) Photocopy of the intimation given to the Pension Sanctioning Authority regarding medical attendance and treatment of the eligible pensioner or family member of the pensioner;
- (h) Check list in form V.

(12) Settlement of Claims:

The application made under **Para-11** for reimbursement of the costs shall be processed by the concerned department, the Directorate or the office, as the case may be, under which the pensioner last worked. Provisions of the **Clause-13** of the West Bengal Health Scheme, 2008 shall be applicable for the pensioners. The expenditure shall be met from the head "**2071- Pension and other Retirement Benefits- 01- 800- NP- 002- 12- Medical Reimbursement under the West Bengal Health Scheme, 2008**" under the Demand No-18.

While settling a claim following guidelines may be followed:-

- (i) For treatment within the State in Government hospital/ Govt. aided hospital or recognized Private hospitals/ Institutions, etc as (as mentioned at **Annexure-A** of the Notification No. 3473 F dt. 11.05.09.) cost of treatment may be reimbursed on the basis of approved rates given in **Annexure-B** of the Notification No. 3473 F dt. 11.05.09. or the actual cost whichever is less. Class of the Service Provider (Hospitals/ diagnostic centres, etc.) shall be taken into account for reimbursement of the costs.

If the rates quoted by the hospitals/diagnostic centres are lower than the ceiling rates given in Annexure- B the reimbursement may be allowed on that lower rates.

- (ii) No reimbursement shall be allowed for treatment taken from unrecognized Private hospitals/ diagnostic centres.
- (iii) Costs of medicines are reimbursable in full except preparations classified as food, tonic, vitamin, disinfectant, toiletry, cosmetic items and telephone charges. Charges for pathological and radiological investigations are also reimbursable if not included in package rate. Cost of devices, implants, etc. are also reimbursable.
- (iv) Special Nursing/ Aya/ Attendant charges are reimbursable in full.
- (v) Blood transfusion charges are reimbursable in full but cost of blood is to be reimbursed as per State Govt. Hospital rates.

(13) Treatment in a hospital or institution outside the State:

Eight Speciality Hospitals outside the State have been recognized for the purpose of the West Bengal Health Scheme, 2008 (vide Notification No. 3473-F dt. 11.05.09.). Reimbursement of the Cost of treatment may be allowed following clause-14 of the West Bengal Health Scheme, 2008. For treatment in a recognized hospital outside the State permission from the Secretary of the Department where the eligible pensioner last worked shall be required. Such permission may be given when treatment in such a hospital is essential and referred by a recognized hospital. Finance Department may be consulted where necessary.

(14) Medical Advance:

For major illness like Bypass Surgery, implantation of Pacemaker, Coronary angioplasty with Stenting, Kidney transplantation, etc. medical advance may be sanctioned and it shall only be sanctioned to an eligible Govt. Pensioner if medical attendance and treatment of his/ her or his/ her family members are done in a Government Hospital. The sanctioning authority for reimbursement of the costs of medical attendance and treatment may grant 80 percent of the estimated cost including implants as advance directly to the Govt. hospital. The Sanctioning Authority shall take necessary steps for adjustment of the advance after obtaining Utilization Certificate from the hospital.

(15) If any difficulty arises in course of implementation of the West Bengal Health Scheme for the State Government Pensioners it shall be referred to the Finance Department and decision of the Finance Department shall be final.

FORM I

Application for enrolment

[See sub-para (iv) of para-4 of memo no. 3475 F dt. 11.05.09.]

To

The..... (Pension Sanctioning Authority)

Subject: Application for enrolment to the West Bengal Health Scheme, 2008

Dear Sir,

I, along with the members of my family whose particulars are given at Sl. No. 10 may please be admitted to the West Bengal Health Scheme, 2008 with effect from

My particulars are given

1. Name of the Pensioner :
2. Residential Address :
3. Date of Retirement/Death :
4. Department/Office from where retired :
5. Basic Pension(before commutation) :
6. Whether in receipt of Family Pension? :
7. If yes, name of the Family Pensioner :
8. Pension Payment Order No. :
9. Last Pay(Band Pay + Grade Pay) drawn before retirement :
10. Details of Family.

Sl. No.	Name	Age	Relationship
1.			
2.			
3.			
4.			
5.			

I do hereby declare that upon enrolment under the above scheme I shall forgo the regular medical relief drawn by me as part of pensionary benefits.

I further declare that I shall abide by the provisions of the West Bengal Health Scheme, 2008 as may be in force from time to time.

Signature of the Applicant

FORM II
Certificate of enrolment

[See sub-para (v) of para-4 of memo no. 3475 F dt. 11.05.09.]

Certified that Shri/Smt.....Ex..... who was attached to..... (office) under..... Department/ Shri/SmtFamily Pensioner has been enrolled under the West Bengal Health Scheme,2008, with effect from

The particulars of the members of his family as defined in para 3(v) of memo no. 3475 F dt.11.05.2009 are as follows.

1. Name of the Government Pensioner :
2. Residential Address :
3. Date of retirement :
4. Pension Payment order no. :
5. Last Pay(Band Pay + Grade Pay) drawn before retirement :
6. Basic Pension(before commutation) :

Details of Family :

Sl. No.	Name	Age	Relationship	Monthly income, (if any)
1.				
2.				
3.				
4.				
5.				

Signature of the Cadre Controlling Authority/Head of the Office/
Pension Sanctioning Authority

Copy forwarded for information and necessary action to :

1. Shri/ Smt (Ex.)
2. The Treasury Officer Treasury.....
..... (address).

He is requested to discontinue the drawal of regular medical allowance in respect of Shri/ Smt. with effect from.....

FORM III

Application Form for settlement of claim for reimbursement.

[See sub-para (i) of para 11 of memo no. 3475 F dt. 11.05.09.]

(To be filled in by the applicant)

1. Identity Card (meant for the Scheme) No. :
2. Full name of Govt. Pensioner / Family Pensioner with designation
(in Block letters) :
3. Full Address :
 - (i) Office (from where retired) :
 - (ii) Residence :
4. Name of the patient & relationship
With the Govt. Pensioner
5. Last Pay Drawn (Band Pay + Grade Pay) /
Basic Pension before Commutation :
6. Name of the Hospital with address and Code number :
 - a. OPD treatment and investigation
 - b. Indoor treatment and investigation
7. Date of admission : Date of discharge
(in case of indoor treatment only)
8. Total amount claimed -
 - a. OPD treatment :
 - b. Indoor treatment :
9. Details of permission :
10. Details of Medical advance, if any :

Declaration

I hereby declare that the statements made in the application are true to the best of my knowledge and belief and the person for whom medical expenses were incurred is wholly dependent on me. I am a beneficiary of the West Bengal Health Scheme, 2008, and card issued under the scheme was valid at the time of treatment. I agree for the reimbursement as is admissible under the rules.

Date :

**Signature of Govt.
Pensioner/Family Pensioner**

FORM IV

Essentiality Certificate-cum-Statement of Expenditure Certified by Treating Specialist

[See sub-para (ii) of para 11 of the memo no. 3475 F dt. 11.05.09.]

(to be submitted in duplicate)

(Strike out whichever is not applicable)

1. Name of the patient and relationship :
With Govt. Pensioner
2. Details of expenditure :
 - (A) OPD Treatment Diagnosis
 - (I) Name of the Hospital with Code number :
 - (II) Total No. of vouchers :
 - (III) Amount claimed :

(Indicate serial number of individual vouchers with name and address of the shops with date against each sub-heading in a separate annexure wherever required)

	Amount Claimed	Amount admissible (for official use)
(a) Medicine
(b) Consultation fee (Specify number of Consultations)
(c) Laboratory charges (Break-up in a separate annexure)
(d) Disposable surgical Sundries
(e) Special devices like hearing aid/artificial appliances etc. (specify)
(f) Miscellaneous (specify)

Total:

- (B) Indoor Treatment Diagnosis

(To be marked N.A. wherever necessary)

(Details of Hospital Bill and other vouchers pertaining to the period of indoor treatment)

- (a) Name of the Hospital with address and Code number :
- (b) Period of Bill :
From.....To.....

(c) Amount claimed

(indicate serial number of individual vouchers with name and address of shops with date against each sub-heading in a separate annexure wherever required)

	Amount Claimed	Amount admissible (for official use)
(i) Room Rent (ICU/ICCU/Ward) From.....To.....	:
(ii) Charges for :		
(a) O.T.
(b) O.T. Consumables
(c) Anesthesia
(d) Procedure
(iii) Medicines
(iv) Implants like pacemaker, Joint Replacement, coronary stent etc. (details)
(v) Artificial devices (details)
(vi) Lab Charges (Break-Up given in Annexure)
(vii) Spl. Nurse/Ayah, if any
(viii) Miscellaneous
Total:

(Signature of Claimant)
Name in Block Letters

Address:

1. Certified that the relevant bills/vouchers have been verified by me and the expenditure shown above is correct and the treatment services provided are essential and minimum that required for the recovery of the patient.

2. Certified that the services of Special Nurse/Ayah were required from.....to..... that were absolutely essential for the recovery of the patient.

3. Specific procedure/Operation performed was.....

(Signature of the Treating Specialist
with official seal)

Countersigned by Medical Superintendent
Of the Hospital with seal
(For Indoor treatment only)

<https://wbllroa.in>

FORM V

Checklist For Reimbursement Of Medical Claims

[See sub-para (ii) of para 11 of memo no. 3475 F dt. 11.05.09.]

1. Card No. and place of issue :
2. Entitlement
Private/Semi-Private/General ward :
3. Full name of Govt. Pensioner/ Family Pensioner
(block letters) :
4. Designation :
5. The following documents are submitted
(please tick () the relevant column) :
- (a) Photocopy of the identity : Yes/No.
- (b) Essential Certificate : Yes/No.
- (c) Number of original bills :
- (d) Whether original bills/vouchers have
been verified : Yes/No.
- (e) Copy of discharge summery : Yes/No.
- (f) Copy of permission letter : Yes/No.
- (g) Whether the hospital has given break
up for lab investigations : Yes/No.
- (h) Original papers have been lost the
following documents are submitted :
- (I) Photocopies of claim paper : Yes/No.
- (II) Affidavit on stamp paper : Yes/No.
- (i) In case of death of card-holder the
following documents are submitted :
- (I) Affidavit on stamp paper by claimant : Yes/No.
- (II) No objection from the legal heirs
on stamp papers : Yes/No
- (III) Copy of death certificate : Yes/No.

Dated :

Signature of the Applicant

FORM VI
Temporary Family Permit

[See sub-para (vii) of para- 7 of memo no. 3475 F dt. 11.05.09.]

1. Name of the Govt. Pensioner/family pensioner :
2. Employee code No. (P.P.O. No.) :
3. Designation :
4. Last Pay (Band Pay + Grade Pay)/Basic Pension :
5. Entitlement of accommodation :
6. Date of Birth :
7. Date of retirement/death :
8. Residential address :
9. Details of Family :

Sl. No.	Name	Age	Relationship	Monthly income,(if any)
1.				
2.				
3.				
4.				
5.				

Shri/Smt.....last attached to(office) under
..... Department has been enrolled under the West Bengal Health Scheme,
2008 with effect from.....

He/ She and his/ her family members are entitled to the medical attendance and treatment in a Govt. Hospital/ enlisted Pvt. Hospital or Institution etc. in the entitled class mentioned in Sl. No. 5.

This permit is valid for 6 (six) months from the date of issue.

Signature of Pension Sanctioning Authority

By order of the Governor,

D. MUKHOPADHYAY,
Principal Secy. to the Govt. of West Bengal.

Annexure - C
MEMORANDUM OF AGREEMENT (MOA)

GOVERNMENT OF WEST BENGAL
FINANCE DEPARTMENT

ALL THE HOSPITALS/DIAGNOSTIC CENTRES WHICH WILL RENDER SERVICE TO THE BENEFICIARIES UNDER THE WBHS 2008 ARE ADVISED TO PREPARE THE AGREEMENT BETWEEN THE _____ AND THE CONCERNED HOSPITAL/DIAGNOSTIC CENTRE ON A NON-JUDICIAL STAMP PAPER OF RS. 100/- FOR FURTHER NECESSARY ACTION.

<https://wbllroa.in>

Annexure - C
AGREEMENT

This Agreement is made on the _____ day of _____, _____ between the Governor of West Bengal acting through West Bengal Health Scheme 2008, Government of West Bengal having its office at _____ (hereinafter called WBHS 2008, which expression shall, unless repugnant to the context or meaning thereof, be deemed to mean and include its successors and assigns) of the **First Part**

AND

..... (Name of the Hospital / Diagnostic Centre with Address) of the **Second Part**.

WHEREAS the WBHS 2008 is providing comprehensive medical care facilities to the West Bengal Government Employees or Pensioners.

AND WHEREAS WBHS 2008 proposes to provide treatment facilities and diagnostic facilities to the beneficiaries in the Private Recognized Hospitals or Diagnostic Centres

AND WHEREAS (Name of the Hospital) has offered to give the following treatment or diagnostic facilities to the beneficiaries under the WBHS 2008 in the Hospital or Diagnostic Centre.

.....
.....
.....

NOW, THEREFORE, IT IS HEREBY AGREED between the Parties as follows:

Annexure - C

1. DEFINITIONS AND INTERPRETATIONS

- 1.1. The following terms and expressions shall have the following meanings for purposes of this Agreement:
 - 1.1.1. "Agreement" shall mean this Agreement and all Schedules, supplements, appendices, appendages and modifications thereof made in accordance with the terms of this Agreement;
 - 1.1.2. "Card" shall mean a card, issued by any competent authority under the WBHS 2008 ,
 - 1.1.3. "Card Holder" shall mean a person having a card under the WBHS 2008;
 - 1.1.4. "WBHS 2008 beneficiary" shall mean a person who is eligible for coverage of WBHS 2008 and hold a valid card for the benefit under the WBHS 2008;
 - 1.1.5. "emergency" shall mean any condition or symptom resulting from any cause, arising suddenly and if not treated at the early convenience, be detrimental to the health of the patient or will jeopardize the life of the patient;
 - 1.1.6. "Hospital" shall mean the (Name of the Hospital) while performing under this Agreement providing medical investigation, treatment and the healthcare of human beings;
 - 1.1.7. "Package rate" shall mean and include lump sum cost of inpatient treatment / day care / diagnostic procedure for which a beneficiary under the WBHS 2008 has been permitted by the competent authority or for treatment under emergency from the time of admission to the time of discharge including (but not limited to) – (i) Registration charges, (ii) Admission charges, (iii) Accommodation charges including patients diet, (iv) Operation charges, (v) Injection charges, (vi) Dressing charges, (vii) Doctor / consultant visit charges, (viii) ICU / ICCU charges, (ix) Monitoring charges, (x) Transfusion charges, (xi) Anaesthesia charges, (xii) Operation theatre charges, (xiii) Procedural charges / surgeon's fee, (xiv) Cost of surgical disposables and all sundries used during hospitalization, (xv) Cost of medicines, (xvi) Related routine and essential investigations, (xvii) Physiotherapy charges etc; and (xviii) Nursing care and charges for its services but excluding expenses on telephone, tonics, toiletries, cosmetics etc.
- 1.2. Annexure-I, consisting of the rate schedule for different packages, procedures and investigations shall be deemed to be an integral part of this Agreement.
- 1.3. Annexure –II having the proforma for the performance bank guarantee & required guarantee

2. CHARGES FOR SERVICE RENDERED

- 2.1 The Hospital / Diagnostic Centre shall charge from the beneficiary under the WBHS 2008 as per the rates for a particular procedure / package deal as prescribed by the WBHS 2008 and attached as Annexure 1(rate list), which shall be an integral part of this Agreement.
- 2.2 The charges for services rendered shall be computed as 100% of rates for Class 1 Hospitals and Diagnostic Centres, 80 % of rates for Class 2 Hospitals and Diagnostic Centres and 70% of rates for Class 3 Hospitals and Diagnostic Centres.

Annexure - C

- 2.3 For surgical cases/ packages, where there are no WBHS 2008 prescribed rates, charges for services shall be arrived at by calculating admissible amount item-wise (e.g. room rent, investigations, cost of medicines, procedure charges based on similar types of cases etc) as per approved rates/ actual expenditure.
- 2.4 For medical conditions where no package is possible, charges for services shall be arrived at by calculating admissible amount item-wise (e.g. room rent, investigations, cost of medicines, procedure charges etc) as per approved rates/ actual expenditure, in case of investigations/ medicines.
- 2.5 The rates as given in Annexure I shall be the maximum rate and such rate may be charged from a Beneficiary under the WBHS 2008, for a particular service rendered. However, the rate being charged shall not be more than what is being charged for same procedure/ facility from other (non-WBHS 2008) patients or institutions. An authenticated list of rates being charged from any person other than beneficiaries shall be displayed in the hospital in conformity with the West Bengal Clinical Establishment Rules 2003. Any additional charges, if paid by a beneficiary under the WBHS 2008, shall have to be refunded if detected subsequently.

3. CLASSIFICATION OF HOSPITALS/ DIAGNOSTIC CENTRES

- 3.1. The classification of the Hospitals/ Diagnostic centres shall be based on their meeting the empanelment criteria as determined by the Finance Department and the Health and Family Welfare Department. The decision of the Authority under the WBHS 2008 shall be final and binding in this respect.
- 3.2. If reclassification is requested after addition of facilities, a fresh application with assessment fees shall be submitted.
- 3.3. The rates to be charged from the beneficiaries shall be as follows:-
 - 3.3.1. Class 1 provider- 100% of approved rates, as given in Annexure 1;
 - 3.3.2. Class 2 provider- 80% of approved rates, as given in Annexure 1;
 - 3.3.3. Class 3 provider- 70% of approved rates, as given in Annexure 1;

4. DURATION

- 4.1. The Agreement shall remain in force for a period of 2 years or till it is modified or revoked, whichever is earlier. The Agreement may be extended for subsequent periods as required by WBHS 2008, subject to fulfilment of all the terms and conditions of this Agreement and with mutual consent.

Annexure - C

5. MEDICAL AUDIT OF BILLS

- 5.1. The medical audit/ prescription audit of the bills of the Hospital / Diagnostic Centre shall be conducted by the WBHS 2008 or any authority designated by WBHS 2008 for that purpose, within 90 days of discharge of the beneficiary under the WBHS 2008 from Hospital or the date of diagnostic investigation. If any overpayment made by the beneficiary under the WBHS 2008 is subsequently detected, the same shall be refunded by the Hospital/ Diagnostic Centre to the beneficiary within 15 days of such refund being claimed by the beneficiary.

6. VALIDITY OF RATES

- 6.1. The rates shall remain valid for two years from the date of signing of the Agreement.

7. TREATMENT IN EMERGENCY AND PRIORITY IN ADMISSION

- 7.1. In emergency, the Hospital shall not refuse admission or demand an advance payment from the beneficiary or his family member and shall provide credit facilities to the patient whether the patient is a serving employee or a pensioner availing facilities under the WBHS 2008 scheme, on production of a valid card issued by the competent authority under the said scheme. The final bill shall be settled by the patient prior to discharge.
- 7.2. If a Hospital refuses to provide the treatment to bonafide beneficiaries under the WBHS 2008 in emergency cases, without valid ground, such a hospital shall be disqualified for continuation of empanelment.
- 7.3. Normally, the treatment in higher category of accommodation than the entitled category shall not be permissible. However, in case of emergency when the entitled category accommodation is not available, admission in the immediate higher category may be allowed till the entitled category accommodation becomes available. However, if a particular hospital does not have the ward as per entitlement of the beneficiary, the Hospital may only make bill as per the entitlement of the beneficiary even though the treatment was given in a higher type of ward.
- 7.4. If, on the request of the beneficiary, treatment is provided in a higher category of ward than that the beneficiary is entitled to, the expenditure over and above the entitlement shall be borne by the beneficiary and it shall be shown separately.
- 7.5. In non- emergency cases, priority shall be given for the beneficiaries under the WBHS 2008 to get admission and treatment. Non availability of beds shall not be a ground for not providing services to a beneficiary under the WBHS 2008.

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8. GENERAL CONDITIONS

- 8.1. All investigations regarding fitness for the surgery shall be done prior to the admission for any elective procedure and are part of package.
- 8.2. The package rate has been calculated as per the duration of stay usually required. No additional charge on account of extended period of stay shall be allowed if that extension is due to infection/ complication as a consequence of surgical procedure undertaken or due to any improper procedure/ case management and is not justified.
- 8.3. The Hospital / Diagnostic Centre shall submit all the medical records to the beneficiary without requiring any additional payment.
- 8.4. Any legal liability arising due to any default or negligence in providing or performance of the medical services shall be borne exclusively by the Hospital / Diagnostic Centre who shall alone be responsible for the defect and / or deficiencies in rendering such services.
- 8.5. During the In-patient treatment of the beneficiary under the WBHS 2008, the Hospital shall not ask the beneficiary or his attendant to purchase separately any medicines / sundries / equipment or accessories from outside and shall provide the treatment within the package deal rate, fixed under the WBHS 2008 which includes the cost of all the items. Any such excess payments shall have to be refunded to the Beneficiary under the WBHS 2008 if detected later on.
- 8.6. During the In-patient treatment of the beneficiary under the WBHS 2008, the Hospital shall not ask the beneficiary or his attendant to pay the consultation fees for any doctor as this shall be provided within the package deal fixed by the WBHS 2008. Any such excess payments shall be refunded to the beneficiary under the WBHS 2008 if detected later on. For any non package services, the consultation fees for all consultation shall be as per the prescribed rates in Annexure I.
- 8.7. If there is any change in the location, the Hospital/ Diagnostic Centre shall immediately communicate to The Authority under the WBHS 2008. The empanelment shall be temporarily withheld in case of shifting of the facility to any other location without prior permission of the Authority under the WBHS 2008. The new establishment of the same Hospital / Diagnostic Centre shall attract a fresh inspection, at the prescribed fee, for consideration of continuation of empanelment.
- 8.8. The Hospital / Diagnostic Centre shall submit an annual report in Form No V and VI as per the West Bengal Clinical Establishment Rules 2003 to the licensing authority.
- 8.9. The Hospital / Diagnostic Centre shall submit a report of services rendered each month in prescribed format to the Secretary, Finance Department within 15 days of the next month in the following proforma:—

Abstract of services rendered by a Health Care Organisation empanelled under the WBHS

Annexure - C

Empanelment No. of the HCO

Name of the HCO

Address

Date of last report submitted

Reporting month

Sl. No.	Name of beneficiary	WBHS Identity Card No	Whether serving employee or pensioner	Name of Office	Description of procedure / tests performed	Amount charged	Remarks
1	2	3	4	5	6	7	8

A nil report shall be submitted if no beneficiaries have been treated during a month. Non submission of the report, habitual late submission or submission of incorrect data in the report shall make the HCO liable to be removed from the empanelment under the WBHS.

- 8.10. Authorized signatory / representative of the Hospital / Diagnostic Centre shall attend the periodic meetings held by Officials connected with the implementation of the WBHS 2008, required in connection with improvement of working conditions.
- 8.11. During the visit by Officials connected with the implementation of the WBHS 2008 / concerned Department, the Hospital authorities shall cooperate in carrying out the inspection.
- 8.12. In case of any natural disaster / epidemic, the Hospital / Diagnostic Centre shall fully cooperate with the Health and Family Welfare Department / Director of Health Services, Officials connected with the implementation of the WBHS 2008 and shall convey / reveal all the required information, apart from providing treatment.
- 8.13. The Hospital / Diagnostic Centre shall not make any commercial publicity projecting the name of WBHS 2008 / Health and Family Welfare Department or Government of West Bengal. However, the fact of empanelment under WBHS 2008 shall be displayed at the premises of the empanelled Centre, indicating that the charges shall be as per WBHS 2008 approved rates.
- 8.14. The Hospital shall not undertake treatment of referred cases in specialities for which it is not equipped, but shall provide necessary treatment to stabilize the patient and transport the patient safely to nearest Hospital having the necessary facilities. However, in such cases the Hospital shall charge as per the WBHS 2008 rates only for the treatment provided.

9. DUTIES AND RESPONSIBILITIES OF HOSPITALS / DIAGNOSTIC CENTRES

- 9.1. It shall be the duty and responsibility of the Hospital / Diagnostic Centre, at all times, to obtain, maintain and sustain the valid registration, recognition and high quality and standard of its services and healthcare and to have all statutory / mandatory licenses, permits or approvals of the concerned authorities under or as per the existing laws.

Annexure - C

- 9.2. The Hospital shall keep in its service adequate number of specialists/ consultants of different specialties, so that the beneficiaries under the WBHS 2008 shall be able to obtain the best possible treatment.
- 9.3. If facility for Diagnostic Centre is not available with the Hospital where the beneficiary is currently admitted, all diagnostic testing shall be sent only to empanelled Diagnostic Centres.
- 9.4. The Hospital / Diagnostic Centre shall not assign, in whole or in part, its obligations to perform under the agreement, except with the prior written consent of the Authority of the WBHS 2008 at its sole discretions and on such terms and conditions as deemed fit under the WBHS 2008. Any such assignment shall not relieve the Hospital / Diagnostic Centre from any liability or obligation under this Agreement.
- 9.5. The Hospital / Diagnostic Centre shall be responsible for and obliged to provide all the services in accordance with the Agreement using state-of-the-art methods and economic principles and exercising all means available to achieve the level of performance specified in the Agreement.
- 9.6. All treatment/ services offered shall be evidence based and treatment modalities shall be in agreement with current medical and ethical practices.
- 9.7. Specialist treatment shall be provided only by those having the requisite training and competence. Diagnostic reports shall be signed only by those having the necessary specialization.
- 9.8. Informed consent shall be taken for all high risk procedures.
- 9.9. The Hospital / Diagnostic Centre shall be obliged to act within its own authority and abide by the directives issued by the Authority under the WBHS 2008. The Hospital / Diagnostic Centre shall be responsible for managing the activities of its personnel and shall hold itself responsible for their misdemeanours, negligence, misconduct or deficiency in services, if any.

10. PERFORMANCE BANK GUARANTEE

- 10.1. The Hospital / Diagnostic Centre shall furnish a continuous, revolving and irrevocable **Performance Bank Guarantee** from a nationalized Bank for an amount of Rs. (.....) valid for a period of 05 years in the prescribed proforma to ensure due performance under this Agreement and for efficient service and to safeguard against any default. In case of any violation of the provisions of the Agreement, the provisions of Liquidated Damages as mentioned in Clause 11 below shall be applicable.

11. LIQUIDATED DAMAGES

- 11.1. The Hospital / Diagnostic Centre shall provide the services as per the requirements specified by the WBHS 2008 in terms of the provisions of this Agreement. In case of initial violation of the provisions of the Agreement by the Hospital / Diagnostic Centre such as refusal of service or direct charging from the beneficiaries under the WBHS 2008 of rates in excess of agreed rates, irrational treatment

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or use of unnecessary drugs/ medicines/ procedures or defective service and negligence, false billing, the amount equivalent to 15% of the amount of Performance Bank Guarantee shall be charged as agreed Liquidated Damages under the WBHS 2008. However, the total amount of the Performance Bank Guarantee shall be maintained intact being a revolving Guarantee.

- 11.2. In case of repeated defaults by the Hospital / Diagnostic Centre, the total amount of Performance Bank Guarantee shall be forfeited and action shall be taken by way of removing the Hospital / Diagnostic Centre from the empanelment of WBHS 2008 as well as termination of this Agreement
- 11.3. In the first instance, the complaint shall be examined by the WBHS 2008 authorities and if the complaint is found to be true the Authority under the WBHS 2008 shall have the right to give a show cause notice to the Hospital to be replied by it within 10 days of its receipt, and the reply of the Hospital shall be examined by a Standing Committee constituted for the purpose of deciding the appropriateness of the treatment or Diagnostic procedures, as the case may be. If the Committee concludes that the Hospital / Diagnostic Centre has violated the provisions of the Agreement necessary action shall be taken for de-empanelment of that Hospital. The decision of the Authority under the WBHS 2008 shall be final.
- 11.4. For over-billing and unnecessary procedures, the extra amount so charged shall be reimbursed to the beneficiary by the Hospital within 15 days of such claims being found correct by the Standing Committee and the Authority under the WBHS 2008 shall have the right to issue a written warning to the Hospital / Diagnostic Centre not to do so in future. The recurrence, if any, shall lead to the de empanelment to that Hospital / Diagnostic Centre.

12. TERMINATION FOR DEFAULT

- 12.1. The Authority under the WBHS 2008 may, without prejudice to any other remedy for breach of Agreement, by written notice of default sent to the Hospital / Diagnostic Centre terminate the Agreement in whole or part in any of the following grounds:
 - 12.1.1. If the Hospital / Diagnostic Centre fails to provide any or all of the services for which it has been empanelled within the period(s) specified in the Agreement, or within any extension thereof if granted by the WBHS 2008 pursuant to Condition of Agreement; or
 - 12.1.2. If the Hospital / Diagnostic Centre fails to perform any other obligation(s) under the Agreement; or
 - 12.1.3. If the Hospital / Diagnostic Centre, under the WBHS 2008 has engaged in corrupt or fraudulent practices in competing for or in executing the Agreement; or
 - 12.1.4. The Licence under the West Bengal Clinical Establishment Act & Rules 2003 is revoked by the licensing authorities for any reason; or
- 12.2. If the Hospital / Diagnostic Centre found to be involved in or associated with any unethical, illegal or unlawful activities, the Agreement shall be summarily suspended by the Authority under the WBHS 2008 without any notice and thereafter may terminate the Agreement, after giving a show cause notice and considering its reply if any, received within 10 days of the receipt of show cause notice; or

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12.3. In case of any violation of the provisions of the Agreement by the Hospital / Diagnostic Centre such as (but not limited to), refusal of service, refusal of credit facilities to eligible beneficiaries and direct charging from the beneficiaries under the WBHS 2008 in excess of approved rates, undertaking unnecessary procedures, prescribing unnecessary drugs / tests, deficient or defective service, over billing and negligence in treatment, the Authority under the WBHS 2008 shall have the right to de-panel the Hospital / Diagnostic Centre as the case may be.

13. INDEMNITY

- 13.1. The Hospital / Diagnostic Centre shall at all times, indemnify and keep indemnified the Authority under the WBHS 2008 / the Government against all actions, suits, claims and demands brought or made against it in respect of anything done or purported to be done by the Hospital / Diagnostic Centre in execution of or in connection with the services under this Agreement and against any loss or damage to WBHS 2008 / the Government in consequence to any action or suit being brought against the WBHS 2008 / the Government, along with (or otherwise), Hospital / Diagnostic Centre as a Party for anything done or purported to be done in the course of the execution of this Agreement.
- 13.2. The Hospital / Diagnostic Centre shall at all times abide by the job safety measures and other statutory requirements prevalent in India and shall keep free and indemnify the Authority under the WBHS 2008 from all demands or responsibilities arising from accidents or loss of life, the cause or result of which is the Hospital's / Diagnostic Centre's negligence or misconduct.
- 13.3. The Hospital / Diagnostic Centre shall pay all indemnities arising from such incidents without any extra cost to WBHS 2008 and shall not hold the authority under the WBHS 2008 responsible or obligated. The authority under the WBHS 2008 / the Government may, at its discretion and shall always entirely at the cost of the Hospital / Diagnostic Centre, defend such suit, either jointly with the Hospital / Diagnostic Centre or singly in case the latter chooses not to defend the case.

14. PAYMENT

- 14.1. The payment shall be made to the Hospital / Diagnostic Centre by the beneficiary directly. All bills and papers related to the beneficiaries' treatment shall be handed over in original along with the necessary counter signatures by the authorised persons.
- 14.2. On admission of the beneficiary, a written estimate of the expected bill shall be handed over. Whenever there is a change of setting requiring the escalation of this estimate, a fresh estimate shall be given to the patient/ patient party within 24 hours.

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15. ARBITRATION

15.1. If any dispute or difference of any kind whatsoever (the decision whereof is not herein otherwise provided for) shall arise between the Authority of the WBHS 2008 and the Hospital / Diagnostic Centre upon or in relation to or in connection with or arising out of the Agreement, shall be referred to for arbitration by the Director of Medical Education, West Bengal, who shall give written award of his decision to the Parties. The decision of the Director of Medical Education, West Bengal shall be final and binding. The provisions of the Arbitration and Conciliation Act, 1996 (26 of 1996) shall apply to the arbitration proceedings. The venue of the arbitration proceedings shall be at Kolkata.

16. MISCELLANEOUS

- 16.1. Nothing under this Agreement shall be construed as establishing or creating between the Parties any relationship of Master and Servant or Principal and Agent between the Authority under the WBHS 2008 and the Hospital / Diagnostic Centre.
- 16.2. The Hospital / Diagnostic Centre shall not represent or hold itself out as agent of the authority under the WBHS 2008.
- 16.3. The authority under the WBHS 2008 shall not be responsible in any way for any negligence or misconduct of the Hospital / Diagnostic Centre and its employees for any accident, injury or damage sustained or suffered by any Beneficiary under the WBHS 2008 or any third party resulting from or by any operation conducted by and on behalf of the Hospital / Diagnostic Centre or in the course of doing its work or perform their duties under this Agreement or otherwise.
- 16.4. The Hospital / Diagnostic Centre shall notify the authority under the WBHS 2008 of any material change in their status and their shareholdings or that of any Guarantor of the Hospital / Diagnostic Centre where such change would have an impact on the performance of obligation under this Agreement.
- 16.5. This Agreement may be modified or altered only on written agreement signed by both the parties.
- 16.6. If the Hospital get wound up or partnership is dissolved, the authority under the WBHS 2008 shall have the right to terminate the Agreement. The termination of Agreement shall not relieve the Hospital or their heirs and legal representatives from the liability in respect of the services provided by the Hospital during the period when the Agreement was in force.
- 16.7. The Hospital shall bear all expenses incidental to the preparation and stamping of this Agreement.

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17. NOTICES

17.1. Any notice given by one party to the other pursuant to this Agreement shall be sent to other party in writing by registered post or by facsimile and confirmed by original copy by post to the other Party's address as below.

WBHS 2008 : _____.

Hospital / Diagnostic Centre with address:

(.....)

A notice shall be effective when served or on the notice's effective date, whichever is later. Registered communication shall be deemed to have been served even if it returned with remarks like refused, left, premises locked, etc.

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IN WITNESSES WHEREOF, the parties have caused this Agreement to be signed and executed on the day, month and the year first above mentioned.

Signed by

For and on behalf of
The Governor of West Bengal

In the Presence of
(Witnesses)

1.

2.

Signed by

For and on behalf of (Hospital / Diagnostic Centre)
Duly authorized vide Resolution No. dated
of (name of Hospital / Diagnostic Centre)

In the presence of
(Witnesses)

1.

2.

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Annexure - II

Performance Bank Guarantee

To:

WHEREAS _____ (Name of Hospital / Diagnostic Centre) has undertaken, Agreement No. _____ dated, _____ to _____ (Description of Services) hereinafter called "the Agreement".

AND WHEREAS it has been stipulated by you in the said Agreement that the Hospital / Diagnostic Centre selected for empanelment shall furnish you with a bank Guarantee by a nationalized bank for the sum specified therein as security for compliance with the Hospital / Diagnostic Centre performance obligations in accordance with the Agreement.

AND WHEREAS we have agreed to give the Hospital / Diagnostic Centre a guarantee:

Now, THEREFORE, we hereby affirm that we are Guarantors and responsible to you, on behalf of Hospital / Diagnostic Centre (herein after referred to "the Second Part," up to a total of _____ (Amount of the guarantee in Words and Figures) and we hereby irrevocably, unconditionally and absolutely undertake to immediately pay you, upon your first written demand declaring the Second Part to be in default under the Agreement and without cavil or argument, any sum or sums within the limit of _____ as aforesaid, without your needing to prove or to show this grounds or reasons for your demand or the sum specified therein. This guarantee is valid until the _____ day of _____ 2013.

Signature and Seal of Guarantors

Date

Address:

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Amount of Performance Bank Guarantee to be obtained from the Hospital / Diagnostic Centres at the time of signing the Agreement :—

Multi specialty Hospitals	Rs. 25.00 thousand
All other HCOs	Rs. 10.00 thousand

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