### Government of India

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

### Public Notice / Advisory to CGHS Beneficiaries

Date:12th October 2025

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

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

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

### A. Access to Care & Identification

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

A clear soft copy is acceptable at HCOs.

### B. Mobile Number, OTP Verification & Consent

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

### Sample OTP SMS (for awareness):

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

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

NHA"

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

# C. Geotagging, Feedback & Transparency

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

# D. Billing Rules Beneficiaries Must Know

- Revised vs Old Rates (date-wise):
  - Services on/after 13.10.2025 (00:00 hrs) → Revised CGHS Rates apply.
  - Services up to 12.10.2025 (23:59 hrs) → Old CGHS Rates apply.

#### Separate bill for inadmissible items: ii.

- If the HCO charges the beneficiary for inadmissible items (items not payable under CGHS rules), the HCO must issue a separate bill/receipt. (Annexure 2)
- Such inadmissible items must not be included in the final bill to be claimed from CGHS.
- No draft/temporary/running bills are acceptable. The HCO will upload a copy of any such separate inadmissible-items bill with the claim.
- Beneficiary should collect and retain proper bills/receipts for any payments made.

### E. Grievance Redressal & Misuse Prevention

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

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

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

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

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

Director,

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

Name (नाम):	CGHS Card No. (कार्ड संख्या):
Hamital (अस्पताल):	CGHS Card No. (কার মঞ্জা): Admission (भर्ती)://
Discharge (छुट्टी):/_/_	Mobile (मोबाइल):
	eatment you received at the hospital? (क्या आप अस्पताल में मिले इलाज से
1. Are you satisfied with the tr	eatment you received at the hospital? (44) जान जर्म करिया क
4178 6!)	
□ Yes / हाँ □ No / नहीं	
If No (यदि नहीं), please specify:	- taligation?
a milital marrida vol	ı with necessary information and assistance during your hospitalization? आवश्यक जानकारी और सहायता दी?)
2. Did the hospital provide you	आवश्यक जानकारी और सहायता दी?)
प्रes / हाँ □ No / नहीं	
If No (यदि नहीं), specify issues:	<del></del> A
Admission (Hall):	Treatment (इलाज): Discharge (छुट्टी):
Admission (****).	a contains during your stay? (क्या
3. Were the hospital doctors, n	urses and staff cooperative and courteous during your stay? (क्या
डॉक्टर/नस/स्टाफ सहयागा व ।२	ष्ट्र थे?)
□ Yes / हाँ □ No / नहीं	
If No (यदि नहीं), please specify:	
from	n your pocket for services/tests/implants etc.? (क्या आपने n. शानी जेन से पैसा दिया?)
4. Did you pay any money from इलाज/टेस्ट/इम्प्लांट आदि के लि	p अपनी जेब से पैसा दिया?)
इलाज/टस्ट/इम्स्लाट जार करार □ Yes / हाँ □ No / नहीं	्र । क्रेन्स् अंशिक
Le Ves (राटि हाँ) please give deta	ils: 🗆 Only partial credit was offered (केवल आंशिक
केटिट टिगा गया)	
प्रगाउट (युना राना)	ise to treat you under CGHS? (क्या किसी डॉक्टर/अस्पताल ने CGHS के तहत
5. Did any doctor/hospital refu	ise to treat you under CGHS? (941 1974) S14C4/51(44)(1775)
दलाज स मना (कथा?)	
□ v - / ਰੱ □ No / ਜੁੜੀ	
If Yes (यदि हाँ), please mention (	details:
	luring your hospital stay? (क्या अस्पताल ने भर्ती के दौरान गुणवत्तापूर्ण भोजन
6. Was quality food provided of	dring your nospital stay. (
दिया?)	
□ Yes / हाँ □ No / नहीं	
7 Ware prescribed medicines I	provided to you at the time of discharge? (क्या छुट्टी के बाद आपको दवाइयाँ
दी गईं?)	
☐ Yes / हाँ ☐ No / नहीं	
8. Any other feedback (अन्य प्रति	क्रिया):
30	
Date (तिथि)://	Signature (हस्ताक्षर):

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

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

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

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

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

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

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

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

Table 5

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

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

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

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

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

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

Table 6

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

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

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

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

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

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

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