

**GOVERNMENT OF NAGALAND  
NAGALAND HEALTH PROTECTION SOCIETY  
HEALTH AND FAMILY WELFARE DEPARTMENT  
NAGALAND :: KOHIMA**

No. DHFW /NHPS/13-351/2023/752

Dated Kohima the 20<sup>th</sup> November 2023

**NOTIFICATION**

**Sub: Payable and non -payable items list for Chief Minister Health Insurance Scheme CMHIS (EP)**

In partial modification of the Notification -No.DHFW/NHPS/13-351/2023/635 dated 18<sup>th</sup> August 2023, CMHIS shall follow guidelines issued by the Insurance Regulatory Development Authority (IRDA) for the list of expenses generally excluded in Insurance Hospitalization Policy. All the Empaneled Health Care Providers (EHCPs) are directed to strictly follow the IRDA list for claim adjudication by taking into account the payable and non-payable item list as given in Annexure: 1.

It is also reiterated to the EHCPs that the CMHIS covers all hospitalized treatment including surgical, medical and identified daycare procedures as listed out in the Health Benefit Package (HBP) as a cashless treatment Scheme, except for treatment that falls under the exclusion policy.



**(THAVASEELAN K) IAS**  
CEO, Nagaland Health Protection Society

No. DHFW/NHPS/13-351/2023/752

Dated Kohima the 20<sup>th</sup> November 2023

Copy to:

1. The Commissioner and Secretary to the Government of Nagaland, Health and Family Welfare Department for kind information.
2. The Principal Director, Directorate of Health & Family Welfare, Kohima, Nagaland, for kind information
3. The Chief Medical Officer /Medical Superintendent of all Districts for kind information and necessary action.
4. All EHCPs for information and necessary action.
5. The Paramount TPA, Dimapur for kind information and necessary action.
6. Office Copy

  
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CEO, Nagaland Health Protection Society.

| LIST OF EXPENSES GENERALLY EXCLUDED IN<br>HOSPITALISATION POLICY |   |  |
|--|---|--|
| S. No  | NAME OF THE NON MEDICAL ITEMS                                 | SUGGESTIONS  |
| TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS     |   |  |
| 1  | ANNE FRENCH CHARGES   | Not Payable  |
| 2  | BABY CHARGES (UNLESS SPECIFIED/INDICATED)                     | Not Payable  |
| 3  | BABY FOOD   | Not Payable  |
| 4  | BABY UTILITES CHARGES   | Not Payable  |
| 5  | BABY SET  | Not Payable  |
| 6  | BABY BOTTLES  | Not Payable  |
| 7  | BOTTLE  | Not Payable  |
| 8  | BRUSH   | Not Payable  |
| 9  | COSY TOWEL  | Not Payable  |
| 10   | HAND WASH   | Not Payable  |
| 11   | MOISTURISER PASTE BRUSH                                       | Not Payable  |
| 12   | POWDER  | Not Payable  |
| 13   | RAZOR   | Payable  |
| 14   | TOWEL   | Not Payable  |
| 15   | SHOE COVER  | Not Payable  |
| 16   | BEAUTY SERVICES   | Not Payable  |
| 17   | BELTS/ BRACES   | Essential and should be paid at least specifically for cases who have undergone surgery of thoracic or lumbar spine.                       |
| 18   | BUDS  | Not Payable  |
| 19   | BARBER CHARGES  | Not Payable  |
| 20   | CAPS  | Not Payable  |
| 21   | COLD PACK/HOT PACK  | Not Payable  |
| 22   | CARRY BAGS  | Not Payable  |
| 23   | CRADLE CHARGES  | Not Payable  |
| 24   | COMB  | Not Payable  |
| 25   | DISPOSABLES RAZORS CHARGES ( for site preparations)           | Payable  |
| 26   | EAU-DE-COLOGNE/ ROOM FRESHNERS                                | Not Payable  |
| 27   | EYE PAD   | Not Payable  |
| 28   | EYE SHEILD  | Not Payable  |
| 29   | EMAIL / INTERNET CHARGES                                      | Not Payable  |
| 30   | FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL) | Not Payable  |
| 31   | FOOT COVER  | Not Payable  |
| 32   | GOWN  | Not Payable  |
| 33   | LEGGINGS  | Essential in surgery for bariatric and varicose veins and may be considered for at least these conditions where surgery itself is payable. |
| 34   | LAUNDRY CHARGES   | Not Payable  |
| 35   | MINERAL WATER   | Not Payable  |
| 36   | OIL CHARGES   | Not Payable  |
| 37   | SANITARY PAD  | Not Payable  |
| 38   | SLIPPERS  | Not Payable  |
| 39   | TELEPHONE CHARGES   | Not Payable  |
| 40   | TISSUE PAPER  | Not Payable  |
| 41   | TOOTH PASTE   | Not Payable  |
| 42   | TOOTH BRUSH   | Not Payable  |
| 43   | GUEST SERVICES  | Not Payable  |
| 44   | BED PAN   | Not Payable  |
| 45   | BED UNDER PAD CHARGES   | Not Payable  |
| 46   | CAMERA COVER  | Not Payable  |
| 47   | CARE FREE   | Not Payable  |
| 48   | CLINIPLAST  | Not Payable  |
| 49   | CREPE BANDAGE   | Not Payable  |
| 50   | CURAPORE  | Not Payable  |
| 51   | DIAPER OF ANY TYPE  | Not Payable  |
| 52   | DVD, CD CHARGES   | Not Payable ( However if CD is specifically sought by Insurer/TPA then payable)  |



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| 53   | EYELET COLLAR  | Not Payable   |
| 54   | FACE MASK  | Not Payable   |
| 55   | FLEXI MASK   | Not Payable   |
| 56   | GAUSE SOFT   | Not Payable   |
| 57   | GAUZE  | Not Payable   |
| 58   | HAND HOLDER  | Not Payable   |
| 59   | HANSAPLAST/ ADHESIVE BANDAGES  | Not Payable   |
| 60   | LACTOGEN/ INFANT FOOD  | Not Payable   |
| 61   | SLINGS   | Reasonable costs for one sling in case of upper arm fractures may be considered ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES |
| ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES  |  |   |
| 62   | WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES  | Exclusion in policy unless otherwise specified  |
| 63   | COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,   | Not Payable   |
| 64   | DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION  | Not Payable   |
| 65   | HORMONE REPLACEMENT THERAPY  | Exclusion in policy unless otherwise specified  |
| 66   | HOME VISIT CHARGES   | Exclusion in policy unless otherwise specified  |
| 67   | INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE   | Exclusion in policy unless otherwise specified  |
| 68   | OBESITY (INCLUDING MORBID OBESITY) TREATMENT   | Exclusion in policy unless otherwise specified  |
| 69   | PSYCHIATRIC & PSYCHOSOMATIC DISORDERS  | Exclusion in policy unless otherwise specified  |
| 70   | CORRECTIVE SURGERY FOR REFRACTIVE ERROR  | Exclusion in policy unless otherwise specified  |
| 71   | TREATMENT OF SEXUALLY TRANSMITTED DISEASES   | Exclusion in policy unless otherwise specified  |
| 72   | DONOR SCREENING CHARGES  | Exclusion in policy unless otherwise specified  |
| 73   | ADMISSION/REGISTRATION CHARGES   | Exclusion in policy unless otherwise specified  |
| 74   | HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE   | Exclusion in policy unless otherwise specified  |
| 75   | EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED                                    | Not Payable - Exclusion in policy unless otherwise specified  |
| 76   | ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY | Not payable as per HIV/AIDS exclusion   |
| 77   | STEM CELL IMPLANTATION/ SURGERY  | Not Payable except Bone Marrow Transplantation where covered by policy  |
| ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS PAYABLE |  |   |
| 78   | WARD AND THEATRE BOOKING CHARGES   | Payable under OT Charges, not payable separately  |
| 79   | ARTHROSCOPY & ENDOSCOPY INSTRUMENTS  | Rental charged by the hospital payable. Purchase of Instruments not payable.  |
| 80   | MICROSCOPE COVER   | Payable under OT Charges, not separately  |
| 81   | SURGICAL BLADES,HARMONIC SCALPEL,SHAVER  | Payable under OT Charges, not separately  |
| 82   | SURGICAL DRILL   | Payable under OT Charges, not separately  |
| 83   | EYE KIT  | Payable under OT Charges, not separately  |
| 84   | EYE DRAPE  | Payable under OT Charges, not separately  |
| 85   | X-RAY FILM   | Payable under Radiology Charges, not as consumable  |
| 86   | SPUTUM CUP   | Payable under Investigation Charges, not as consumable  |
| 87   | BOYLES APPARATUS CHARGES   | Part of OT Charges, not separately  |
| 88   | BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES  | Part of Cost of Blood, not payable  |
| 89   | SAVLON Not   | Payable-Part of Dressing Charges  |

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| 90   | BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES | Not Payable - Part of Dressing charges   |
| 91   | COTTON   | Not Payable-Part of Dressing Charges   |
| 92   | COTTON BANDAGE   | Not Payable- Part of Dressing Charges  |
| 93   | MICROPOR/ SURGICAL TAPE                                    | Not Payable-Payable by the patient when prescribed, otherwise included as Dressing Charges |
| 94   | BLADE  | Not Payable  |
| 95   | APRON  | Not Payable -Part of Hospital Services/ Disposable linen to be part of OT/ICU charges      |
| 96   | TORNIQUET  | Not Payable (service is charged by hospitals, consumables cannot be separately charged)    |
| 97   | ORTHOBUNDLE , GYNAECBUNDLE                                 | Part of Dressing Charges   |
| 98   | URNECONTANER   | Not Payable  |
| <b>ELEMENTS OF ROOM CHARGE</b>               |  |  |
| 99   | LUXURY TAX   | Actual tax levied by government is payable.Part of room charge for sub limits              |
| 100  | HVAC   | Part of room charge not payable separately   |
| 101  | HOUSE KEEPING CHARGES                                      | Part of room charge not payable separately   |
| 102  | SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED          | Part of room charge not payable separately   |
| 103  | TELEVISION & AIR CONDITIONER CHARGES                       | Payable under room charges not if separately levied  |
| 104  | SURCHARGES   | Part of Room Charge, Not payable separately  |
| 105  | ATTENDANT CHARGES  | Not Payable - Part of Room Charges   |
| 106  | IM IV INJECTION CHARGES                                    | Part of nursing charges, not payable   |
| 107  | CLEAN SHEET  | Part of laundry/housekeepingcharges, not payable seperately                                |
| 108  | EXTRA DIET OF PATIENT                                      | patient diet provided by the hospital is payable   |
| 109  | BLANKET/WARMER BLANKET                                     | Not Payable - Part of Room Charges   |
| <b>ADMINISTRATIVE OR NON-MEDICAL CHARGES</b> |  |  |
| 110  | ADMISSION KIT  | Not payable  |
| 111  | BIRTH CERTIFICATE  | Not payable  |
| 112  | BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES   | Not payable  |
| 113  | CERTIFICATE CHARGES  | Not payable  |
| 114  | COURIER CHARGES  | Not payable  |
| 115  | CONVENYANCE CHARGES  | Not payable  |
| 116  | DIABETIC CHART CHARGES                                     | Not payable  |
| 117  | DOCUMENTATION CHARGES/ ADMINISTRATION EXPENSES             | Not payable  |
| 118  | DISCHARGE PROCEDURE CHARGES                                | Not payable  |
| 119  | DAILY CHART CHARGES  | Not payable  |
| 120  | ENTRANCE PASS/ VISITORS PASS CHARGES                       | Not payable  |
| 121  | EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE              | to be claimed by patient under post hosp where admissible                                  |
| 122  | FILE OPENING CHARGES                                       | Not payable  |
| 123  | INCIDENTAL EXPENSES/ MISC.CHARGES NOT EXPLAINED)           | Not payable  |
| 124  | MEDICAL CERTIFICATE  | Not payable  |
| 125  | MAINTAINANCE CHARGES                                       | Not payable  |
| 126  | MEDICAL RECORDS  | Not payable  |
| 127  | PREPARATION CHARGES  | Not payable  |
| 128  | PHOTOCOPIES CHARGES  | Not payable  |
| 129  | PATIENT IDENTIFICATION BAND/NAME TAG                       | Not payable  |
| 130  | WASHING CHARGES  | Not payable  |
| 131  | MEDICINE BOX   | Not payable  |
| 132  | MORTUARY CHARGES   | payable upto 24hrs, shifting   |



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| 133 | MEDICO LEGAL CASE CHARGES (MLC CHARGES)  | charges not payable   |
|     | EXTERNAL DURABLE DEVICES   | Not payable   |
| 134 | WALKING AIDS CHARGES   | Not payable   |
| 135 | BIPAP MACHINE  | Not payable   |
| 136 | COMMODE  | Not payable   |
| 137 | CPAP/CAPD EQUIPMENTS   | Not payable   |
| 138 | INFUSION PUMP-COST   | Not payable   |
| 139 | OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)   | Not payable   |
| 140 | PULSE OXYMETER CHARGES   | Not payable   |
| 141 | SPACER   | Not payable   |
| 142 | SPIROMETRE   | Not payable   |
| 143 | SPO2 PROBE   | Not payable   |
| 144 | NEBULIZER KIT  | Not payable   |
| 145 | STEAM INHALER  | Not payable   |
| 146 | ARMSLING   | Not payable   |
| 147 | THERMOMETER  | Not payable   |
| 148 | CERVICAL COLLAR  | Not payable   |
| 149 | SPLINT   | Not payable   |
| 150 | DIABETIC FOOT WEAR   | Not payable   |
| 151 | KNEE BRACES (LONG/SHORT/HINGED)  | Not payable   |
| 152 | KNEE IMMOBILIZER / SHOULDER IMMOBILIZER  | Not payable   |
| 153 | LUMBO SACRAL BELT  | Essential and should be paid at least specifically for cases who have undergone surgery of thoracic or lumbar spine.  |
| 154 | NIMBUS BED OR WATER OR AIR BED CHARGES   | payable for any icu patient requiring more than 3 days in ICU, all patient with paraplegia/quadruplegia for any reason and at reasonable cost of approximately rs200/day  |
| 155 | AMBULANCE COLLAR   | Not payable   |
| 156 | AMBULANCE EQUIPMENTS   | Not payable   |
| 157 | MICROSHIELD  | Not payable   |
| 158 | ABDOMINAL BINDER   | Essential and should be paid at least in post surgery patients of major abdominal surgery including TAH, LSCS, Incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver transplant etc. |
|     | ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION   |   |
| 159 | BETADINE /HYDROGEN PEROXIDE/SPIRIT/DETTOL/SAVLON/DISINFECTANTS ETC                                   | may be payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in hospital   |
| 160 | PRIVATE NURSE CHARGES -SPECIAL NURSING CHARGES   | post hospitalization nursing charges not payable  |
| 161 | NUTRITION PLANNING CHARGES -DIETICIAN CHARGES/ DIET CHARGES  | patient diet provided by the hospital is payable  |
| 162 | ALEX SUGAR FREE  | payable-sugar free variants of admissionable medicine are not excluded  |
| 163 | CREAMS POWDERS LOTIONS (Toiletries are not payable ,only prescribed medical pharmaceuticals payable) | Payable when prescribed   |
| 164 | DIGENE GEL/ ANTACID GEL  | Payable when prescribed   |
| 165 | ECG ELECTRODES   | Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day must be payable.   |
| 166 | GLOVES   | Sterilized Gloves payable / unsterilized gloves not payable   |
| 167 | HIV KIT  | Payable - payable Pre operative screening   |
| 168 | LISTERINE/ ANTISEPTIC MOUTHWASH  | Payable when prescribed   |



|   |   |  |
|---|---|--|
| 169   | LOZENGES  | Payable when prescribed  |
| 170   | MOUTH PAINT   | Payable when prescribed  |
| 171   | NEBULISATION KIT  | If used during hospitalization is payable reasonably   |
| 172   | NEOSPRIN  | Payable when prescribed  |
| 173   | NOVARAPID   | Payable when prescribed  |
| 174   | 17 VOLINI GEL/ ANALGESIC GEL  | Payable when prescribed  |
| 175   | ZYTEE GEL   | Payable when prescribed  |
| 176   | VACCINATION CHARGES   | Routine Vaccination not Payable / Post Bite Vaccination Payable  |
| <b>PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE</b> |   |  |
| 177   | AHD   | Not Payable - Part of Hospital's internal Cost   |
| 178   | ALCOHOL SWABES  | Not Payable - Part of Hospital's internal Cost   |
| 179   | SCRUB SOLUTION/STERILLIUM   | Not Payable - Part of Hospital's internal Cost   |
| <b>OTHERS</b>                                       |   |  |
| 180   | VACCINE CHARGES FOR BABY  | Not Payable  |
| 181   | AESTHETIC TREATMENT / SURGERY   | Not Payable  |
| 182   | TPA CHARGES   | Not Payable  |
| 183   | VISCO BELT CHARGES  | Not Payable  |
| 184   | ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC] | Not Payable  |
| 185   | EXAMINATION GLOVES  | Not Payable  |
| 186   | KIDNEY TRAY   | Not Payable  |
| 187   | MASK  | Not Payable  |
| 188   | OUNCE GLASS   | Not Payable  |
| 189   | OUTSTATION CONSULTANT'S/ SURGEON'S FEES                                       | Not payable, except for telemedicine consultations where covered by policy   |
| 190   | OXYGEN MASK   | Not Payable  |
| 191   | PAPER GLOVES  | Not Payable  |
| 192   | PELVIC TRACTION BELT  | Should be payable in case of PIVD requiring traction as this is generally not reused                               |
| 193   | REFERAL DOCTORS FEES  | Not Payable  |
| 194   | ACCU CHECK ( Glucometry/ Strips)  | Not payable pre hospitalisation or post hospitalisation / Repons and Charts required/ Device not payable           |
| 195   | PAN CAN   | Not Payable  |
| 196   | SOFNET  | Not Payable  |
| 197   | TROLLY COVER  | Not Payable  |
| 198   | UROMETER, URINE JUG   | Not Payable  |
| 199   | AMBULANCE   | Payable-Ambulance from home to hospital or interhospital shifts is payable/ RTA as specific requirement is payable |
| 200   | TEGADERM / VASOFIX SAFETY   | Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs  |
| 201   | URINE BAG   | Payable where medically necessary till a reasonable cost - maximum 1 per 24 hrs                                    |
| 202   | SOFTOVAC  | Not Payable  |
| 203   | STOCKINGS   | Essential for cases like CABG etc. where it should be paid.  |

