

**GOVERNMENT OF NAGALAND
NAGALAND HEALTH PROTECTION SOCIETY (AB PM-JAY CMHIS)
HEALTH AND FAMILY WELFARE DEPARTMENT
NAGALAND:: KOHIMA**

NO. DHFW/NHPS/13-351/2023/635

Dated Kohima the 18th August 2023

NOTIFICATION

Sub: **PERMISSIBLE AND NON-PERMISSIBLE ITEMS WITH LIST OF NON – PAYABLE ITEMS FOR CMHIS (EP)**

The Chief Minister Health Insurance Scheme (CMHIS) is a fully cashless scheme for all hospitalized treatment including surgical, medical and identified daycare procedures as listed out in the HBP, except for treatment that falls under the Exclusion Policy.

The Health Benefit Package includes all services required to treat a condition/ailment/ disease that insured families would receive under the Scheme and the claim amount is paid to the empaneled hospitals based on the Package Rate for providing the services. The claim amount is finalized taking into account Admissible/ Permissible and Non-Admissible/ Non-Permissible item list as given Annexure-1,2,& 3.

In the case of high-end implants or room upgradation beyond eligibility as well as requirement of documents relating to the treatment, written consent is to be taken from beneficiary in the format attached in Annexure- 4.

All Empanelled Health Care Providers (EHCPs) are directed to strictly follow the guidelines and ensure cashless treatment to all CMHIS beneficiaries.

(THAVASEELAN K) IAS
CEO, Nagaland Health Protection Society

No. DHFW/NHPS/13-351/2023/635

Date Kohima the 18th August 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 Branch Manager, Oriental Insurance Company Limited, Kohima for kind information
6. The Paramount TPA, Dimapur for kind information and necessary action.
7. Office Copy


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CEO, Nagaland Health Protection Society.

1. Admissible list for surgical packages -

Package rate under NHBP 2022 CMHIS(EP) includes all the expenses for in-patient treatment, and specific daycare procedures, from the time of admission to the time of discharge, including (but not limited to):

- a. Registration charges, Admission charges, Accommodation charges, Diet charges, Operation charges, Injection charges, Dressing charges, Doctor consultant charges, ICU/ICCU charges, Monitoring charges, Transfusion charges, Anesthesia charges, Operation theatre charges, Procedural charges, Surgeon fee, Surgical disposables cost, Medicines cost, Physiotherapy charges, Nursing charges, Cost of investigations.
- b. Except for exclusions listed to policy, treatment/procedures will also be allowed, in addition to the procedures listed in the master package of up to the limit of Insurance Cover under 'Unspecified Procedure'.

2. Admissible list under medical per day packages and Day care procedure-

In case of conservative treatment with medical per day packages the Room rent shall be of charges for Occupation of bed, Diet for patient, Charges for electricity, Water supply, Linen charges, Nursing charges, Routine up keeping.

3. Non- permissible list as per the exclusion to policy are as follows-

- a. Condition that does not require hospitalization and can be treated under Out Patient Care, unless featuring in the N-HBP 2022.
- b. Except those expenses covered under pre and post hospitalisation expenses, further expenses incurred at Hospital or Nursing Home primarily for evaluation / diagnostic purposes only during the hospitalized period and expenses on vitamins and tonics etc unless forming part of treatment for injury or disease as certified by the attending physician.
- c. Any dental treatment or surgery which is corrective, prosthetic, cosmetic procedure, filling of tooth cavity, root canal including wear and tear of teeth, periodontal diseases, dental implants etc. are excluded. Exception to the above would be treatment needs arising from trauma / injury, neoplasia / tumour / cyst requiring hospitalisation for bone treatment.
- d. Any assisted reproductive techniques, or infertility related procedures, unless featuring in the N-HBP 2022.
- e. Vaccination and immunization
- f. Surgeries related to ageing face & body, laser procedures for tattoo removals, augmentation surgeries and other purely cosmetic procedures such as fat grafting, neck lift, aesthetic rhinoplasty etc
- g. Circumcision for children less than 2 years of age shall be excluded (unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to any accident)
- h. Persistent Vegetative State: a condition in which a medical patient is completely unresponsive to psychological and physical stimuli and displays no sign of higher brain function, being kept alive only by medical intervention.


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Exception list for co-payment from beneficiaries

1. Implants wherever required should be booked as an Add-On procedure. If the beneficiary insists on high end implants which is beyond the package rate, the additional cost beyond the package rate will be borne by the patient provided a written consent is obtained from the concerned patient.
2. Relaxation: If the beneficiary insists on room facility which is beyond his/her entitlement, the additional cost beyond the entitled room rent will be borne by the patient provided a written consent is obtained from the concerned patient.


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1. List of non-payable items as per the permissible and non -permissible items listed above.

a. ITEMS SPECIFICALLY EXCLUDED IN THE POLICY

Items	Status
1) Admission /Registration charges	Not Payable
2) Any expenses when the patient is diagnosed with the retro virus+ or suffering from HIV/AIDS etc is detected directly or indirectly	Not Payable
3) Corrective surgery for refractive error	Not Payable
4) Cost of spectacles / contact lenses/ Hearing aids etc	Not Payable
5) Dental treatment expenses that do not require hospitalisation	Not Payable
6) Donor screening charges	Not Payable
7) Expenses for investigation/ treatment irrelevant to the disease for which admitted or diagnosed	Not Payable
8) Home visit charges	Not Payable
9) Hormone replacement therapy	Not Payable
10) Hospitalisation for evaluation/ Diagnostic purpose	Not Payable
11) Infertility /subfertility/assisted conception procedure	Not Payable
12) Obesity (including morbid obesity) treatment if excluded in policy	Not Payable
13) Psychiatric & psychosomatic disorders	Not Payable
14) Stem cell implantation/ surgery and storage	Not Payable
15) Treatment of sexually transmitted diseases	Not Payable
16) Weight control programs/ supplies/ services	Not Payable

b. ITEMS WHICH FORM PART OF THE HOSPITAL WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE

Items	Status
1) Antiseptic or disinfectant lotions	Not Payable - Part of Dressing Charges
2) Apron	Not Payable
3) Arthroscopy & endoscopy instruments	Rental charged by the Hospital payable. Purchase of Instruments Not Payable.
4) Band aids, bandages, sterile injections, needles, syringes	Not Payable - Part of Dressing Charges
5) Blade	Not Payable
6) Blood grouping and cross matching donor samples	Part of Cost of Blood, not payable
7) Boyles apparatus charges	Part of OT Charges, not separately
8) Cotton OTTON	Not Payable -Part of Dressing Charges
9) Cotton bandages	Not Payable- Part of Dressing Charges
10) Eye drape	Payable under OT Charges, not separately
11) Eye kit	Payable under OT Charges, not separately
12) Micropore / surgical tape	Not Payable – Part of Dressing Charges
13) Microscope cover	Payable under OT Charges, not separately
14) Ortho bundle , Gynae bundle	Not Payable, Part of Dressing Charges
15) Sputum cup	Payable under Investigation Charges, not as consumable
16) Surgical blades , harmonic scalpel, shaver	Payable under OT Charges, not separately
17) Surgical drill	Payable under OT Charges, not separately
18) Torniquet	Not Payable
19) Urine container	Not Payable
20) Ward and theatre booking charges	Payable under OT Charges, not separately
21) X-ray film	Payable under Radiology Charges, not as consumable

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c. PART OF THE HOSPITAL'S OWN COSTS AND NOT PAYABLE


Items	Status
1) AHD	Not Payable - Part of Hospital's internal Cost
2) Alcohol swabs	Not Payable - Part of Hospital's internal Cost
3) Scrub solution/ sterillium	Not Payable - Part of Hospital's internal Cost

d. ELEMENTS OF ROOM CHARGES:

Items	Status
1) Attendant charges	Part of room charge, Not Payable separately
2) Blanket /warmer blanket	Part of room charge, Not Payable separately
3) Clean sheet	Part of Laundry / Housekeeping, Not Payable Separately
4) Extra diet of patient (other than that which forms part of bed charge)	Patient Diet provided by Hospital is payable
5) Housekeeping charges	Part of room charge, Not Payable separately
6) HVAC	Part of room charge, Not Payable separately
7) IM IV injection charges	Part of nursing charge, Not Payable separately
8) Luxury tax	Actual tax levied by government is payable. Part of room charge for sub limits
9) Services charges where nursing charge also charged	Part of room charge, Not Payable separately
10) Surcharges	Part of room charge, Not Payable separately
11) Television & air conditioner charges	Part of room charge, Not Payable separately

e. EXTERNAL DURABLES DEVICES

Items	Status
1) Abdominal binder	Not payable
2) Ambulance collar	Not Payable
3) Ambulance equipments	Not Payable
4) Armsling	Not Payable
5) Bipap machine	Not Payable
6) Cervical collar	Not Payable
7) Commode	Not Payable
8) CPAP/ CAPD equipments	Device not payable
9) Diabetic foot wear	Not Payable
10) Infusion pump- cost	Device not payable
11) Knee braces (long /short/short/hinged)	Not Payable
12) Knee immobilizer / shoulder immobilizer	Not Payable
13) Lumbosacral belt	Payable for surgery of lumbar spine.
14) Microsheild	Not Payable
15) Nebulizer kit	Not Payable
16) Nimbus bed or water or air bed charges	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia /quadriplegia for any reason and at reasonable cost of approximately Rs 200/day
17) Oxygen cylinder (for usage outside the hospital)	Not Payable
18) Pulse oximeter charges	Device not payable
19) SP02 probe	Not Payable
20) Spacer	Not Payable
21) Spirometre	Device not payable
22) Splint	Not Payable


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23) Steam inhaler	Not Payable
24) Thermometer	Not Payable
25) Walking aids charges	Not Payable

f. ITEMS PAYABLE IF SUPPORTED BY PRESCRIPTION

Items	Status
1) Betadine/Hydrogen peroxide/spirit/ Disinfectants	Not Payable
2) Creams powders lotions	Payable when prescribed (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
3) Digestion gels	Payable when prescribed
4) ECG electrodes	One set every second day is Payable.
5) Gloves sterilized	Gloves payable / unsterilized gloves not payable
6) HIV kit	payable Pre-operative screening
7) Listerine/ antiseptic mouth wash	Payable when prescribed
8) Lozenges	Payable when prescribed
9) Moutn paint	Payable when prescribed
10) Nebulisation kit	If used during Hospitalisation is Payable Reasonably
11) Novarapid	Payable when prescribed
12) Nutrition planning charges Diet charges	Patient Diet provided by Hospital is payable
13) Private nurses charges -special nursing charges Post hospitalization nursing charges	Not Payable
14) Sugar free tablets	Payable -Sugar free variants of admissible medicines are not excluded
15) Vaccination charges	Routine Vaccination not Payable / Post Bite Vaccination Payable
16) Volini gel/ analgesic gel	Payable when prescribed
17) Zytee gel	Payable when prescribed

g. TOILETRIES/COSMETICS/PERSONAL COMFORT/CONVENIENCE ITEMS

Items	Status
1) Baby bottles	Not Payable
2) Baby charges (unless specified /indicated)	Not Payable
3) Baby /infant food	Not Payable
4) Baby clothing	
5) Baby set	Not Payable
6) Baby utilities charges	Not Payable
7) Barber charges	Not Payable
8) Beauty services	Not Payable
9) Bed pan	Not Payable
10) Bed under pad charges	Not Payable
11) Belts /braces	Essential and may be paid specifically for cases who have undergone surgery of thoracic or lumbar spine.
12) Brush	Not Payable
13) Buds	Not Payable

14) Camera cover	Not Payable
15) Caps APS	Not Payable
16) Carry bags	Not Payable
17) Cliniplast	Not Payable
18) Cold pack/hot pack	Not Payable
19) Comb	Not Payable
20) Cosy towel	Not Payable
21) Cradle charges	Not Payable
22) Crepe bandage	Not Payable/ Payable by the patient
23) Curapore	Not Payable
24) Diaper of any type I	Not Payable
25) Disposables razors charges (for site preparations)	Not Payable
26) DVD, CD Charges	Not Payable (However if CD is specifically sought by Insurer/TPA then payable)
27) Eau-de-Cologne/ room freshners	Not Payable
28) Email/internet charges	Not Payable
29) Eye pad	Not Payable
30) Eye shield	Not Payable
31) Eyelet collar	Not Payable
32) Face mask	Not Payable
33) Flexi mask	Not Payable
34) Food charges (other than patient's diet provided by the hospital)	Not Payable
35) Foot cover	Not Payable
36) Gause soft	Not Payable
37) Gauze	Not Payable
38) Gown	Not Payable
39) Guest services	Not Payable
40) Hair removal cream	Not Payable
41) Hand holder	Not Payable
42) Hand wash	Not Payable
43) Hansaplast / adhesive bandages	Not Payable
44) Laundry charges	Not Payable
45) Leggings	Essential in bariatric and varicose vein surgery and should be considered for these conditions where surgery itself is payable.
46) Mineral water	Not Payable
47) Moisturiser paste brush	Not Payable
48) Oil charges	Not Payable
49) Powder	Not Payable
50) Razor	Payable
51) Sanitary pad	Not Payable
52) Shoe cover	Not Payable
53) Slings	Reasonable costs for one sling in case of upper arm fractures should be considered
54) Slippers	Not Payable
55) Telephone charges	Not Payable
56) Tissue paper	Not Payable

57) Tooth brush	Not Payable
58) Tooth paste	Not Payable

h. OTHERS

Items	Status
1) Accu check (Glucometry / Strips)	Not payable pre hospitalization or post Hospitalization / Reports and Charts required /Device not payable
2) Aesthetic treatment / surgery	Not Payable
3) Ambulance	Payable
4) Any kit with no details mentioned -delivery kit ,ortho kit recovery kit etc	Not Payable
5) Examination gloves	Not Payable
6) Kidney tray	Not Payable
7) Mask	Not Payable
8) Ounce glass	Not Payable
9) Outstation consultant's/ surgeon's fees	Not Payable
10) Oxygen mask	Not Payable
11) Pan can	Not Payable
12) Paper gloves	Not Payable
13) Pelvic traction belt	Payable in case of PIVD requiring traction
14) Referral doctor's fees	Not Payable
15) Sofnet	Not Payable
16) Softovac	Not Payable
17) Stockings	Payable for case like CABG etc.
18) Tegaderm/ Vasofix safety	Payable - maximum of 3 in 48 hrs and then 1 in 24 Hrs
19) TPA Charges	Not Payable
20) Trolley cover	Not Payable
21) Urine bag	Payable where Medically Necessary - maximum 1 per 24 hrs/
22) Urometer , urine jug	Not Payable
23) Vaccine charges for baby	Not Payable
24) Visco belt charges	Not Payable


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(Name of the Hospital)

INFORMED CONSENT FORM

(To be undertaken by the beneficiary for choosing high end implant or upgrading room to higher facility, incase of additional cost beyond the package rate and for requirement of documents relating to the treatment)

1. Name of the beneficiary : _____
2. AB PM-JAY CMHIS card number : _____
3. Hospital MRD Number : _____

- a. I confirm that I have been explained and understood about my condition, diagnosis, entitlements and health benefit coverage under the ABPM-JAY CMHIS scheme. I am explained about the mandatory documents (Investigation reports/ photographs during my hospitalization /surgery, including pre/intra/post operative photographs) are needed for the claims processing.

Therefore, I grant permission and give my consent to the hospital to use these information and photographs for claim processing purposes only in order to avail the cashless benefits under the scheme.

- b. I am aware that

- 1) **For implant procedures:** The coverage under ABPM-JAY CMHIS for the _____ implant is Rs. _____ only, however in my own decision I would like to go for the high-end implant and pay the differential amount for the same.
- 2) **Room entitlement:** My room entitlement is (General ward/Semi-Private ward/ Private ward) however on my own wish would like to upgrade to higher facility and pay for the differential amount for the same.

Therefore, I acknowledge and declare that I will pay the differential amount for availing the higher facility mentioned above.

Date: _____

Signature of the beneficiary/guardian


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