



DELHI JAL BOARD
GOVT. OF N.C.T. OF DELHI
OFFICE OF THE DY. DIR. (LABOUR WELFARE)
VARUNALYA 'B' BUILDING, KAROL BAGH,
NEW DELHI-05.

No.:F/DJB/DD(LW)/Medical/2014

Dated:

CIRCULAR

The Office Memorandum nos. F.No.S.14025/14/2012-MS dated 11.06.2013, No. S.11030/33/13/CGHS(P) dated 06.11.2013, No. Misc.1002 /2006 / CGHS (R&H) / CGHS (P) dated 29.04.2014, No:12034 / 02 / 2014 / Misc / -CGHS D.III dated 22.07.2014 and No. S-11011 / 25 / 2014 / CGHS (P) dated 08.07.2014 issued by Government of India, Ministry of Health & Family Welfare, Department of Health & Family Welfare, Nirman Bhawn, New Delhi, is, hereby, endorsed for information and necessary action by all the concerned.

This issues with the approval of Competent Authority.

Encl.: As above.

(Shekhar Kumar)
Deputy Director (Welfare)

All DDO's

Copy for kind information please:-

1. Vice Chairman, DJB
2. All Member of DJB
3. Chief Executive Officer, DJB
4. Member (A)/Member (F)/Member (WS)/Member (Dr.)/CVO
5. Secretary DJB/Addl.CEO.
6. All CEs/SEs/EEs
7. All Director/ All Jt. Directors (Rev.)/All Jt. Dir. (F&A).
8. All Dy. Directors/ACs/MOIs/LO/AC(P&M)/ All ZRO's.
9. All AO's/All AAO's/ All Unions/Association of retired employees.
10. Consultant (PR) with the request to publish in Varun Patrika.
11. ~~EE(EDP) with the request to upload this order on the web-site of DJB.~~
12. All Unions of Delhi Jal Board.
13. Standing Guard file.
14. Officer Order Book.

Deputy Director (Welfare)

6079
26/11/14

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AEED
Sh. Sangar



F.No.S.14025/14/2012-MS
Government of India
Ministry of Health and Family Welfare

Nirman Bhawan, New Delhi - 110108

Dated the 11th June, 2013.

OFFICE MEMORANDUM

Subject: Revision of rates for reimbursement of medical expenses incurred in emergency conditions under CS (MA) Rules, 1944.

The undersigned is directed to state that the issue of revision of rates for reimbursement of medical expenses incurred on availing medical treatment in emergency conditions under CS (MA) Rules, 1944, when treatment is taken in a non-empanelled private hospital, has been under consideration of the Government for some time.

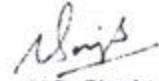
2. It has now been decided that, reimbursement of medical expenses incurred by a Central Government employee covered under CS (MA) Rules, 1944 on availing medical treatment for himself and his dependent family members in emergency conditions, would be allowed as per the prevailing non-NABH CGHS rates as applicable to a CGHS covered city and non-NABH rates applicable to the nearest CGHS covered city in case of non-CGHS city, as the case may be, or the actuals, whichever is less.

3. For the medical treatment in such cases where package rates are prescribed under CGHS, the non-NABH rates of the CGHS covered city and non-NABH rates of the nearest CGHS city (in case of non-CGHS covered city) or the actuals, whichever is less, will be applicable.

4. This OM supersedes all earlier orders issued from time to time under CS(MA) Rules, 1944 on this subject for allowing reimbursement of medical expenses in emergency conditions when treatment is taken in a non-empanelled private hospital.

5. This OM will come into effect from the date of issue.

6. This issues with the concurrence of the Integrated Finance Division vide their Dy.No.C-282 dated 22.05.2013.


(V.P. Singh)

Deputy Secretary to the Government of India

To

1. All Ministries/Departments, Government of India
2. All States/UTs Governments.

Contd....2/-

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3. Rajya Sabha/Lok Sabha Secretariat
4. Registrar, Supreme Court of India
5. U.P.S.C. Dholpur House, Shahjahan road, New Delhi
6. Deputy Secretary (Civil Service News), Department of Personnel & Training, 5th Floor, Sardar Patel Bhawan, New Delhi.
7. Shri Umraomal Purohit, Secretary, Staff Side, 13-C, Ferozshah road, New Delhi
8. All Staff Side Members of National Council (JCM) (as per list attached)
9. Office of the Comptroller & Auditor General of India, Bahadur Shah Zafar Marg, New Delhi.
10. DDG(M), Dte. GHS./CMO(SRA), Dte. GHS/M.G.-II Section, Dte. GHS, MoHFW
11. CGHS(P) Division, MoHFW, Nirman Bhawan, New Delhi
12. Director, CGHS, Nirman Bhawan, New Delhi
13. AD (Hq), CGHS, Bikaner House, New Delhi
14. Addl.DDG (HQ), CGHS, MoHFW, Nirman Bhawan, New Delhi
15. All Addl Directors/Joint Directors of CGHS cities outside Delhi
16. Additional Director (SZ)/(CZ)/(EZ)/(NZ), CGHS, New Delhi
17. JD(Grievance)/JD(R&H), CGHS, Delhi
18. Hospital Empanelment Cell, CGHS, Nirman Bhawan, New Delhi
19. CGHS -I/II/III/IV, MoHFW, Nirman Bhawan, New Delhi
20. Estt.I/Estt.II/ Esst. III/ Estt.IV Section, MoHFW, Nirman Bhawan
21. Admn.I/ Admn.II Section, Dte. GHS, Nirman Bhawan, New Delhi
22. Integrated Finance Division, MoHFW, Nirman Bhawan, New Delhi
23. PPS to Secretary (H&F/W)/Secretary (AYUSH)/Secretary (JIR)/Secretary (AIDS Control), Ministry of Health & Family Welfare
24. PPS to DGHS/AS & DG (CGHS)/AS& FA / AS&MD, NRHM
25. Dr. D.P. Pande, ED(H)/Planning, Railway Board, Ministry of Railways, Rail Bhawan, Rafi Marg, New Delhi - 110001
26. Brig. S.P. Patil YSM, ODS, Central Organization, ECHS, Department of Ex-Servicemen Welfare, Ministry of Defence, New Delhi
27. Chairman, Employees State Insurance Corporation, Ministry of Labour & Employment, Panchdeep Bhawan, C.I.G Marg, New Delhi -110 002
28. All Offices/Sections/Desks in the Ministry
29. Swamy Publishers (P) Ltd., P.B. No. 2468, R.K. Puram, Chennai 600028.
30. Swamy Publishers (P) Ltd., 4855, 24, Ansari Road, Daryaganj, New Delhi.
31. Sr. Technical Director, NIC, MOHFW, Nirman Bhawan, New Delhi with the request to upload this OM on the Ministry's website under the link of CS(MA) Rules.
32. Hindi Section for providing Hindi version of this OM.
33. Guard File

File No. S. 11030/33/13/CGHS(P)
Government of India
Ministry of Health & Family Welfare
Department of Health & Family Welfare
CGHS (P)

Nirman Bhawan, New Delhi
Dated the 6th November, 2013

OFFICE MEMORANDUM

Sub: Guidelines and ceiling rates for permission/reimbursement for Bariatric Surgery procedures under CGHS/CS(MA) Rules, 1944 – req.

The undersigned is directed to state that this Ministry has been receiving requests from beneficiaries covered under CGHS / CS (MA) Rules, 1944 for allowing 'Bariatric Surgery' procedures. Since no guidelines were in place for this medical treatment procedure under CGHS/ CS(MA) Rules, the requests for allowing bariatric surgery were considered on merits of each case. In view of the increasing number of such cases, the matter was considered in the Ministry and it has been decided to issue guidelines for dealing with such requests and fix ceiling rates for Bariatric Surgery procedure under CGHS and CS (MA) Rules, 1944.

2. Bariatric Surgery procedures shall be allowed in respect of CGHS/ CS(MA) beneficiaries / patients with 'morbid obesity' as per the guidelines outlined below:-

GUIDELINES FOR BARIATRIC SURGERY

A. Selection criteria

| Factor | Criteria |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------|
| Weight (Adults) | a) Body Mass Index (BMI) ≥ 40 with no comorbidities b) Body Mass Index BMI ≥ 35 with obesity associated comorbidity. |

B. Exclusion criteria

| Factor | Criteria |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Exclusion | a) Reversible endocrine or other disorders that can cause obesity. b) Current drug or alcohol abuse. c) Uncontrolled, severe psychiatric illness. d) Lack of comprehension of risks, benefits, expected outcomes, alternatives, and lifestyle changes required with bariatric surgery. |

* NIH guidelines, 1991 will be used for selection and exclusion criteria

C. Types of Bariatric Surgery procedures allowed

- i) Laparoscopic Gastric Banding Surgery
- ii) Laparoscopic Sleeve Gastrectomy

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- iii) Laparoscopic Gastric Bypass (GBP)
- iv) Other cases – as per examination and recommendation of an Expert Committee.

D. Hospitals/Centres approved for Bariatric Surgery:-

Government Hospitals, Hospitals run by PSUs, Private hospitals empanelled under CGHS / CS(MA) Rules. However, Bariatric Surgery shall not be allowed in private non-empanelled hospitals under CGHS/CS(MA) Rules.

E. Permission for Bariatric Surgery:-

Bariatric Surgery procedures are planned/elective procedures and hence, not regarded as emergency procedures. Prior permission has to be obtained from the competent authority on the basis of recommendation given by a Government Specialist before the surgery is undertaken. No ex-post facto approval for reimbursement shall be given. For those Bariatric Surgery procedures that falls within Para 2(C)(iv), requests for prior permission in such cases shall be examined by an Expert Committee on a case to case basis and in consultation with IFD.

F. List of documents required for seeking permission / reimbursement

- i) Recommendation by Government Specialist/Surgeon/ Govt. GI Surgeon.
- ii) BMI report.
- iii) Reports documenting obesity associated comorbidities should be certified by the concerned Government Specialist.
- iv) Reports of tests for endocrine disorders and relevant reversible conditions that can cause obesity.
- v) Proforma at Appendix-I to be duly filled by the recommending Government Specialist with signature and stamp.
- vi) Proforma at Appendix-II to be duly filled by the CGHS beneficiary and submitted along with the relevant documents.

G. Submission of application:-

- i) In case of serving Government employees, permission shall be granted by the parent Ministry/Department/office of the employee. In case of pensioners (including former Vice-Presidents, ex-MPs, former Governors, Lt. Governors Freedom Fighters etc) – request for permission shall be submitted to the Additional Director/Joint Director, CGHS, of the concerned Zone or city, duly forwarded by CMO In-charge of concerned CGHS Wellness Center and by Lok Sabha/Rajya Sabha Secretariat in the case of sitting Members of Parliament. In the case of Autonomous Organizations covered under CGHS, both serving employees and their pensioner beneficiaries will submit their request for permission to undergo Bariatric Surgery to their concerned Ministry/Department/Organization through their respective organization.

Contd...3/-

APPENDIX - I

Proforma to be attached with application for permission to undergo Bariatric Surgery

A: To be filled by the recommending Government Specialist

| | | |
|-----|-----------------------------------------------------------------------------------------------------------------------------------|--|
| 1. | Name of Patient / Age / Sex | |
| 2. | Name of Bariatric Surgery Procedure | |
| 3. | Name of recommending Govt. Specialist | |
| 4. | Hospital | |
| 5. | Date | |
| 6. | BMI | |
| 7. | Comorbidities | |
| 8. | Presence of Reversible Endocrine Disorders causing Obesity | |
| 9. | Controlled Drug or Alcohol Abuse | |
| 10. | Uncontrolled Psychiatric Illness | |
| 11. | Lack of comprehension of risks, benefits, expected outcomes, alternatives, and lifestyle changes required with bariatric surgery. | |
| 12. | Signature of Recommending Government Specialist | |

APPENDIX - II

B: To be filled by the CGHS Beneficiary

| | | |
|-----|---------------------------------------------------------------|--|
| 1. | Name of Cardholder with Ben ID | |
| 2. | Name of Patient with Ben ID | |
| 3. | Relationship with Cardholder | |
| 4. | Name and Number of CGHS Wellness Center | |
| 5. | Residential Address | |
| 6. | Name of procedure which has been advised | |
| 7. | Name of Hospital where treatment is proposed to be undertaken | |
| 8. | Name of Govt. Specialist and Hospital who has advised | |
| 9. | Signature of Cardholder | |
| 10. | Date | |
| 11. | Forwarding by CMO I/C Wellness Center | |



No. Misc. 1002/2006/CGHS(R&H)/CGHS(P)
Government of India
Ministry of Health & Family Welfare
Department of Health & Family Welfare
CGHS (P)

Nirman Bhavan, New Delhi
Dated: the 29th April, 2014

OFFICE MEMORANDUM

Sub:- Revision of Ceiling Rates for various Coronary Stents / Angioplasty & Angioplasty with Balloon for CGHS/CS (MA) beneficiaries.

With reference to the above mentioned subject, the undersigned is directed to draw attention to the Office Memoranda of even No. dated 7/2/2013, 21/2/2013 and 7/2/2014 and to state that the ceiling rates for reimbursement of drug eluting coronary stents for CGHS beneficiaries / CS(MA) beneficiaries prescribed in the above referred to Office Memoranda are revised w.e.f. the date of issue of this office memorandum as follows:

Revised ceiling rates of Drug Eluting Stents: Rs. 23,625/- (Inclusive of all taxes). Other terms and conditions shall remain the same.

2. This issues with the approval of the competent authority.

(Ravi Kant)
Under Secretary to the Government of India
[Tel. 23061141]

To

1. All Ministries / Departments, Government of India
2. Director, CGHS, Nirman Bhawan, New Delhi
3. AD(Hq), CGHS, Bikaner House, New Delhi
4. Adl.DDG(HQ), CGHS, MoHFW, Nirman Bhavan, New Delhi
5. All Additional Directors /Joint Directors of CGHS cities outside Delhi
6. Additional Director (SZ) (CZ)/(EZ)/(NZ), CGHS, New Delhi
7. JD (Gr.)/JD(R&H), CGHS Delhi
8. CGHS -I/II/III/IV, Dte. General of CGHS, Nirman Bhavan, New Delhi

(S)



No: 12034/02/2014/Misc/-CGHS D.III
Government of India
Ministry of Health & Family Welfare
Department of Health & Family Welfare
CGHS(P)

Nirman Bhawan, New Delhi
Dated the 11th July, 2014.

OFFICE MEMORANDUM

Sub: Ceiling Rates for reimbursement of the cost of Cardiac pacemaker, AICD, Combo-device, Rotablator and Aortic Stent Graft to beneficiaries of CGHS/CS(MA) Rules.

With reference to the above mentioned subject the undersigned is directed to draw attention to the Office Memoranda No. S-11011/7/95-CGHS(P) dated 12/6/1996 and 26-164/98-R&H/CGHS/CGHS(P) dated 22/11/1999 vide which ceiling rates and guidelines were prescribed for various types of Pacemakers, Rotablator and AICD and to state that while the ceiling rates for coronary stents have been revised from time to time separately the rates and guidelines for pacemakers, Rotablator and AICD were not revised. The matter has been examined by the Ministry and it has been decided to revise the ceiling rates (incl. of all taxes) for these devices as per the details given below:

| | | |
|-----|-------------------------------------------------------------------------------------|---------------|
| 1. | Single Chamber Cardiac Pacemaker without rate response - | Rs.34,840/- |
| 2. | Single Chamber Cardiac Pacemaker with rate response | Rs.44,928/- |
| 3. | Dual Chamber Cardiac Pacemaker | Rs.83,200/- |
| 4. | Bi-Ventricular Pacemaker (CRT-P) | Rs.1,95,000/- |
| 5. | Implantable Cardioverter Defibrillator (Single Chamber) (ICD /AICD- Single Chamber) | Rs.1,75,786/- |
| 6. | Implantable Cardioverter Defibrillator (Dual Chamber) (ICD /AICD- Dual Chamber) | Rs.3,75,000/- |
| 7. | Combo Device (CRT-D) | Rs.4,90,000/- |
| 8. | Aortic Stent Graft (expandable, bifurcated and including delivery system) | Rs.4,40,960/- |
| 9. | Rotablator with advancer | Rs.49,920/- |
| 10. | Rotablator Burr | Rs.23,920/- |

2. Permission for the above mentioned implants shall be granted on the basis of advice of Govt. cardiologist by CMO in-charge / Additional Director / Joint Director, CGHS in case of pensioners, former Governors, former Vice-Presidents, ex-MPs, Freedom Fighters, etc., by Rajya Sabha / Lok Sabha Secretariat as the case may be in case of sitting Members of Parliament and by

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the concerned Ministry / Department / Organization in case of serving Government employees, serving employees and pensioners of autonomous bodies covered under CGHS. The reimbursement shall be limited to the ceiling rate or actual rate, whichever may be less.

3. The Warranty terms and conditions as specified by the manufacturer shall be applicable in case of replacement of a device.
4. In case of requests for replacement of a device, a copy of the details of the earlier device as well as a copy of terms and conditions of Warranty shall be enclosed along with the advice of Govt. specialist.
5. A copy of the device 'ID No Sticker' and a copy of terms of warranty shall be enclosed along with the bill of device for reimbursement.
6. In case of implantation of any of the devices in emergency, reimbursement shall be subject to ex-post facto approval by Addl. Director/Joint Director, CGHS of city, in consultation with experts, if necessary.
7. These orders are in supersession of earlier guidelines and ceiling rates issued in this regard.
8. The rates shall be valid for a period of two years or till further revision, whichever may be earlier.
9. This issues with the concurrence of Integrated Finance Division vide CD No C 756 dated 14/07/2014.



(Ravi Kant)
Under Secretary to Government of India
011-23061141

To

1. All Ministries / Departments, Government of India
2. Director, CGHS, Nirman Bhawan, New Delhi
3. AD(Hq), CGHS, Bikaner House, New Delhi
4. Adll.DDG(HQ), CGHS, MoHFW, Nirman Bhavan, New Delhi
5. All Additional Directors /Joint Directors of CGHS cities outside Delhi
6. Additional Director (SZ)/ (CZ)/(EZ)/(NZ)/(MSD), MCTC CGHS, New Delhi
7. JD(HQ),/JD (Grievance)/JD(R&H), CGHS Delhi
8. DDG(M)/Addl DDG(SRA), Dte. GHS, MoHFW, Nirman Bhavan, New Delhi
9. Rajya Sabha / Lok Sabha Secretariat, New Delhi
10. Registrar, Supreme Court of India, New Delhi
11. U.P.S.C. Dholpur House, Shahjahan Road, New Delhi.
12. O/o the C&AG, Bahadur Shah Zafar Marg, New Delhi.
13. Director, DoP&PW, Lok Nayak Bhavan, Khan Market, New Delhi
14. PPS to Secretary (H&FW)/ Secretary (AYUSH)/ Secretary(HR)/ Secretary(AIDS Control), Ministry of Health & Family Welfare

Amal
8/3/14

No.S-11011/25/2014/CGHS-(P)
Government of India
Ministry of Health and Family Welfare
Department of Health and Family Welfare

Nirman Bhawan, New Delhi,
Dated the 8th July, 2014.

OFFICE MEMORANDUM

Sub: Revision of lists and rates of artificial appliances for CGHS/CS(MA) beneficiaries and general guidelines for eligibility criteria therefor.

The undersigned is directed to state that the rates of artificial appliances were revised in 1997 vide OM No. S-11011/5/95-CGHS-(P) dated 25.6.1997. The matter of revision of rates and updation of lists of artificial appliances has been under consideration of this Ministry for some time. The matter has been examined in consultation with the experts in Directorate General of Health Services and it has been decided to update the list of the artificial appliances and revised as per the details given in ongoing paras.

2. Keeping in view the various categories of appliances, the lists of artificial appliances have been categorized as per the following three Annexure and rates of artificial appliances will be as per the Annexure-I, II and III to this OM:

Annexure-I: This contains list, rates and specifications of various types of Prosthetics (i.e. artificial limbs) like prosthetics for lower extremity, prosthetics for upper extremity [Annexure-I has been divided into Annexure IA, IB, IC, ID and IE according to type].

Annexure-II: This contains the list, rates and specifications pertaining to the orthotics (i.e. callipers & braces) including lower extremity, upper extremity and spinal orthotics.[Annexure-II has been divided into Annexure-IIA, IIB and IIC].

Annexure-III: This contains specifications and rates for items related to mobility aids.

3. The general guidelines for admissibility and reimbursement of expenses in respect of appliances mentioned in Annexures-I, II & III will be as under:

- (i). Maintenance Cost will be borne by the beneficiary.
- (ii). The appliances will be allowed for re-issue on completion of 5 years in case of adults and 2 years in the case of children except motorized wheel chair and tricycle.

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- (iii). Motorized wheel chair and tricycle will be re-issued after 5 years irrespective of age.
- (iv). High end prosthetics/appliances will be reimbursed only to the following category of Govt. Servants & their dependent family members subject to fulfilling of other criteria :-
 - (a) Govt. Servants & their dependent family members participating at the State level sport activities duly certified by the competent Sports Authority.
 - (b) Upper Age limit for the sophisticated prosthetic appliances will be 45 years.
 - (c) Military or para-military personnel duly certified by their respective Medical Boards that the person has sustained injury while on field duty or undergone amputation because of injury sustained while performing such duty.
 - (d) The reimbursement will be made within the ceiling limit fixed for such appliances beyond which the beneficiary will bear the cost
- (v). For admissibility of reimbursement, the appliances need to be prescribed by a Professor/Senior Specialist or Specialist of equivalent rank working in any Govt. hospitals in the specialties of Physical Medicine and Rehabilitation (PMR) or Orthopaedic surgery. The prescription should be in generic name and not by proprietary name.
- (vi). Prosthetic components and Orthotic joints used in appliances should have BIS/CE (European) Certification for the purposes of reimbursement and fabricated by firms having qualified Prothesist/Orthotists.
- (vii). Keeping in view, the physical growth into consideration, individuals upto 12 years of age will be considered as children for the purpose of these guidelines in general. However, in order to rationalize the rates for some of the items, specific age group has been mentioned against the individual items in Annexure-I and Annexure-II, based on the size of the appliances.
- (viii). There may be certain items which are not included in Annexure, but may be prescribed by qualified Government Rehabilitation Specialist/Orthopaedic Surgeon, (not below the level of Consultants), depending on individual disabled patient's requirements for example disability car gadgets. In such cases, items costing below Rs.50,000/- can be purchased with three quotations as per prescribed specifications with the permission of HOD of the concerned departments. For items costing above Rs. 50,000/- prior permission will have to be obtained from Additional Directors, CGHS of the concerned city or concerned DDG in the Dte.GHS looking after CS(MA) Rules, on the basis of three quotations and approval of Technical Standing Committee.

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- (ix). The artificial appliances should be procured from any Government Undertaking/ Authorised Alimco dealers, N.G.Os approved by Ministry of Health & Family Welfare/and private manufactures. It should be certified by the prescribing Government Orthopaedic Surgeon/Government Rehabilitation Specialists (PMR) to the effect that the appliances are as per Specification and working satisfactorily.
- (x). The list of items and rates will be revised every 5 years.
- (xi). Reimbursement of items in the enclosed list will be made by HODs of the departments and CGHS in case of Pensioner CGHS beneficiaries, etc.
4. This OM supersedes all earlier orders issued from time to time under CGHS/CS (MA) Rules, 1944 on the subject for allowing reimbursement in respect of artificial appliances for CGHS/CS(MA) beneficiaries.
5. This OM will come into effect from the date of issue and will be valid till revision of the rates after five years.
6. This issues with the approval of Secretary (H&FW) and concurrence of Integrated Finance Division.



(Ravi Kant)

Under Secretary to the Government of India

1. All Ministries/Departments, Government of India
2. DDG(M), Dte.GHS/CMO(SRA), Dte.GHS, Dte.GHS, MoHFW
3. Director, CGHS, Nirman Bhawan, New Delhi
4. Addl.DDG(HQ), CGHS, MoHFW, Nirman Bhawan, New Delhi
5. AD(HQ), CGHS, R.K.Puram, Sector-12, New Delhi
6. All Addl. Directors/Joint Directors of CGHS cities outside Delhi
7. Additional Director (SZ)/(CZ)/(EZ)/(NZ)/(MSD), CGHS, New Delhi
8. JD(HQ), JD (Grievance)/JD (R&H), CGHS, Delhi
9. Rajya Sabha/Lok Sabha Secretariat, New Delhi
10. Registrar, Supreme Court of India, New Delhi
11. U.P.S.C. Dholpur House, New Delhi
12. Office of the Comptroller & Auditor General of India, Bahadur Shah Zafar Marg, New Delhi
13. PPS to Secretary (H&FW)/Secretary (AYUSH)/Secretary (HR)/Secretary (AIDS Control), Ministry of Health & Family Welfare
14. PPS to DGHS/AS&DG (CGHS)/AS&FA/AS&MD, NRHM/AS(H), MoHFW, New Delhi
15. CGHS(P) Section/MS Section/Hospital Empanelment Cell, CGHS/MG-II Section, Dte.GHS, Nirman Bhawan, New Delhi

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16. CGHS-I/II/III/IV, MoHFW, Nirman Bhawan, New Delhi
17. Estt.I/Estt.II/Estt.III/Estt.IV Section, MoHFW, Nirman Bhawan, New Delhi
18. Admn.I/Admn.II Section, Dte.GHS, MoHFW, Nirman Bhawan, New Delhi
19. Integrated Finance Division, MoHFW, Nirman Bhawan, New Delhi
20. All Officers/Sections/Desks in the Ministry
21. Deputy Secretary (Civil Service News), Department of Personnel & Training, 5th Floor, Sardar Patel Bhawan, New Delhi
22. Shri Umraomal Purohit, Secretary, Staff Side, 13-C, Ferozshah Road, New Delhi
23. All Staff Side Members of National Council (JCM)
24. ED(H)/Planning, Railway Board, Ministry of Railways, Rail Bhawan, Rafi Marg, New Delhi - 110001
25. Central Organisation, ECHS, Department of Ex-Servicemen Welfare, Ministry of Defence, New Delhi
26. Chairman, Employees State Insurance Corporation, Ministry of Labour & Employment, Panchdeep Bhawan, C.I.G. Marg, New Delhi-110002
27. UTI-ITSL, 153/1, First Floor, Old Madras Road, Ulsoor, Bengaluru-560008.
28. Swamy Publishers (P) Ltd., P.B. No.2468, R.K. Puram, Chennai-600028
29. Swamy Publishers (P) Ltd., 4855, 24, Ansari Road, Dayaganj, New Delhi
30. Sr.Technical Director, NIC, MoHFW, Nirman Bhawan, New Delhi with the request to upoad this OM on the Ministry's website under the link of CS (MA) Rules - OMs and Circulars
31. Hindi Section, MoHFW, Nirman Bhawan, New Delhi for providing Hindi version of this OM.
32. Guard file

ANNEXURE-IA**LOWER EXTREMITY PROSTHETICS (Above 12 years)**

| Sl. No. | Name of Prosthesis | Approved Rate/Price |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| 1. | Trans tibial prosthesis (Below Knee Prosthesis) (Its components include-S.S. Pylon/tube, SACH FOOT, Foot Adapter , Bonded Pylon/Pylon with 4 screw Adaptor, Tube Clamp Adaptor, Socket Adaptor, Sleeve Suspension, Foam Cover, Covering Socks, Socket charges, etc.) | Rs.20,000/- |
| 2. | Trans tibial Prosthesis (Below Knee Prosthesis) with silicone / PU liner | Rs. 37000/- |
| 2.a | Trans tibial Prosthesis (Below Knee Prosthesis) with silicone / PU liner with shuttle lock mechanism | Rs.45500/- |
| 3. | Symes Prosthesis Its component includes- SYME'S FOOT, Foot Adapter Sleeve Suspension, Socket Mounting Adaptor, Covering Socks Socket charges, etc. | Rs.19300/- |
| 4. | Partial Foot Prosthesis (Shoe with filler) | Rs.7000/- |
| 5. | Trans Femoral Prosthesis (Above Knee Prosthesis) (Its components include-S.S. Pylon/tube, SACH FOOT, Foot Adapter, Bonded Pylon / Pylon with 4 screw Adaptor (400mm) Polycentric Prosthetic Knee Joint, Socket Adaptor ,TES Belt, Foam cover, Covering Socks, Socket fabrication & fitment charges) | Rs. 40840/- |
| 6. | Trans Femoral Prosthesis (Above Knee Prosthesis) with Suction Valve | Rs.40840 + 3800=44640/- |
| 7. | Trans Femoral Prosthesis (Above Knee Prosthesis) with Silicon/ PU liner | Rs.61140/- |
| 7.a | Trans Femoral Prosthesis (Above Knee Prosthesis) with Silicon /PU liner with shuttle lock mechanism | Rs. 69640/- |
| 8. | Knee Disarticulation Prosthesis (Its components include-S.S. Pylon/ tube, SACH FOOT, Foot Adapter , Bonded pylon / Pylon with 4 screw Adaptor (400mm) Polycentric Prosthetic Knee Joint, Socket Adaptor ,TES Belt, Foam cover, Covering Socks, Socket fabrication & fitment charges |)Rs. 51940/- |
| 9. | Hip Disarticulation Prosthesis (Its components include-S.S. Pylon/ tube, SACH FOOT, Foot Adapter , Bonded pylon / Pylon with 4 screw Adaptor (400mm) Single axis Prosthetic Knee Joint, Hip Joint (basic), Tube (Angle tube adaptor, 10 degree) Short Tube, Socket Adaptor, Foam cover, Covering Socks, Socket fabrication & fitment charges.) | Rs.60300/- |

ANNEXURE-IB

LOWER EXTREMITY PROSTHETICS (CHILD UPTO THE AGE OF 12 YEARS)

| Sl. No. | Name of Prosthesis | Approved rate/Price (Child 7-12 years) | Approved rate/Price (Child 0-6 years) |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|---------------------------------------|
| 1. | Trans tibial prosthesis (Below Knee Prosthesis) (Its components include-S.S. Pylon/ tube, SACH FOOT, Foot Adapter , Bonded pylon / Pylon with 4 screw Adaptor, Tube Clamp Adaptor, Socket Adaptor, Sleeve Suspension, Foam cover, Covering Socks, Socket charges, etc.) | Rs.18,140/- | Rs.5000/- |
| 2. | Trans Tibial Prosthesis (Below Knee Prosthesis) with silicone / PU liner | Rs. 35,140/- | Not applicable |
| 2.a | Trans Tibial Prosthesis with silicone / PU liner with shuttle lock mechanism | Rs. 35140+ 8500 =43640 | Not Applicable |
| 3. | Symes Prosthesis Its component includes- SYME,S FOOT , Foot Adapter Sleeve Suspension, Socket mounting adaptor, Covering Socks Socket charges | Rs.19300/- | Rs.5000/- |
| 4. | PARTIAL FOOT PROSTHESIS (Shoe with filler) | Rs.4000/- | Rs.1500/- |
| 5. | Trans Femoral Prosthesis (Above Knee Prosthesis) (Its components include-S.S. Pylon/ tube, SACH FOOT, Foot Adapter , Bonded pylon / Pylon with 4 screw Adaptor (400mm) Polycentric Prosthetic Knee Joint, Socket Adaptor ,TES Belt, Foam cover, Covering Socks, Socket fabrication & fitment charges) | Rs. 49,980/- | Rs.12000/- |
| 6. | Trans Femoral Prosthesis (Above Knee Prosthesis) with Suction Valve | Rs.49980 + 3800=53,780/- | Not Applicable |
| 7. | Trans Femoral Prosthesis (Above Knee Prosthesis) with Silicon / PU liner | Rs.70,280/- | Not Applicable |
| 7.a. | Trans Femoral Prosthesis (Above Knee Prosthesis) with Silicon/PU liner with shuttle lock mechanism | Rs. 70280+ 8500=78780 | Not Applicable |
| 8. | Knee Disarticulation Prosthesis (Its components include-S.S. Pylon/ | | |

| | | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------|
| | tube, SACH FOOT, Foot Adapter , Bonded pylon / Pylon with 4 screw Adaptor (400mm) Polycentric Prosthetic Knee Joint, Socket Adaptor ,TES Belt, Foam cover, Covering Socks, Socket fabrication & fitment charges) | Rs. 49,980/- | Rs.12000/- |
| 9. | Hip Disarticulation Prosthesis (Its components include-S.S. Pylon/ tube, SACH FOOT, Foot Adapter , Bonded pylon / Pylon with 4 screw Adaptor (400mm) Single axis Prosthetic Knee Joint, Hip Joint (basic), Tube (Angle tube adaptor, 10 degree) Short Tube, Socket Adaptor, Foam cover, Covering Socks, Socket fabrication & fitment charges.) | Rs.60300/- | Rs.15000/- |

NOTE:

1. Prescription of Trans Tibial Prosthesis may be considered as Below Knee Prosthesis.
2. Prescription of Trans Femoral Prosthesis may be considered as Above Knee Prosthesis.

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ANNEXURE-IC

HIGH END LOWER EXTREMITY PROSTHETICS

| Sl. No. | Name of Prosthesis | Approved Rate/Price (Above 12 years of age) | Approved Rate/Price CHILD (7-12 Years) | Approved Rate/Price CHILD (0-6) Years |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|----------------------------------------|---------------------------------------|
| 1. | Trans tibial prosthesis (Below Knee Prosthesis) (Its components include- S.S. Pylon/ tube, DYNAMIC RESPONSE FOOT, Foot Adapter, Bonded pylon / Pylon with 4 screw Adaptor, Tube Clamp Adaptor, Socket Adaptor, Sleeve Suspension, Foam cover, Covering Socks, Socket charges, etc.) | Rs.26,700/- | Not Applicable | Not Applicable |
| 2. | Trans tibial Prosthesis (Below Knee Prosthesis) with silicone / PU liner | Rs.43700/- | Not Applicable | Not Applicable |
| 3. | Trans tibial Prosthesis (Below Knee Prosthesis) with silicone / PU liner with shuttle lock mechanism | Rs.52200 | Not Applicable | Not Applicable |
| 4. | Trans Femoral Prosthesis (Above Knee Prosthesis) (Its components include- S.S. Pylon/ tube, DYNAMIC FOOT, Foot Adapter, Bonded pylon / Pylon with 4 screw Adaptor (400mm) Polycentric Prosthetic Knee Joint, Socket Adaptor, TES Belt, Foam cover, Covering Socks, Socket fabrication & fitment charges) | Rs. 47,540/- | Not Applicable | Not Applicable |
| 5. | Trans Femoral Prosthesis (Above Knee Prosthesis) with Suction Valve | Rs.47540 + 3800=51,340/- | Not Applicable | Not Applicable |
| 6. | Trans Femoral Prosthesis (Above Knee Prosthesis) with Silicon / PU liner | Rs.64,540/- | Not Applicable | Not Applicable |

| | | | | |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------|----------------|
| 7 | Trans Femoral Prosthesis (Above Knee Prosthesis) with Silicon / PU liner with shuttle lock mechanism | 64540+ 8500=73040/- | Not Applicable | Not Applicable |
| 8. | Knee Disarticulation Prosthesis (Its components include- S.S. Pylon/ tube, DYNAMIC FOOT, Foot Adapter , Bonded pylon / Pylon with 4 screw Adaptor (400mm) Polycentric Prosthetic Knee Joint, Socket Adaptor ,TES Belt, Foam cover, Covering Socks, Socket fabrication & fitment charges) | Rs.58640/- | Not Applicable | Not Applicable |
| 9. | PARTIAL FOOT PROSTHESIS | | | |
| 9a. | Shoe filler with carbon plate | Rs.9000/- | Rs.5000/- | Rs.3000/- |
| 9b. | GREAT TOE SILICON PROSTHESIS | Rs.9000/- | Rs.5000/- | Rs.3000/- |
| 9c. | Silicone Prosthesis For Second Toe to Vth Toe | Rs.7500/-each | Rs.4000/- | Not Applicable |

RECOMMENDED CRITERIA FOR HIGH END PROSTHESIS

1. Dynamic foot can be prescribed only for Military, paramilitary, commando persons / police personals sustaining amputation in saddle and likely go back to active and strenuous work.
2. Dynamic foot can also be prescribed for young / children and dynamic athletes of University, cultural activities, State/ National or international level.
3. Shoe filler with carbon plate can be prescribed only for Military, paramilitary, commando persons / police personals sustaining amputation in saddle and likely go back to active and strenuous work.
4. Shoe filler with carbon plate can also be prescribed for young / children and dynamic athletes of University, Participating in cultural activities, at State / National or international level.
5. In case of Bilateral Upper Limb amputation, Externally Powered Prosthesis /Myoelectric Prosthesis may be prescribed for one side and body powered Prosthesis or Passive Prosthesis for the other side.

ANNEXURE-ID

UPPER EXTREMITY PROSTHETICS

| Sl. No. | Name of Prosthesis | Approved Rate/Price (Above 12 years of age) | Approved Rate/Price CHILD (7-12 Years) | Approved Rate/Price CHILD (0-6) Years |
|---------|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|----------------------------------------|---------------------------------------|
| 1. | Trans Radial or Below Elbow / Wrist Disarticulation Passive Prosthesis | Rs.10,000/- | Rs.5000/- | Rs.2000/- |
| 2. | Body Powered Prosthesis (Trans Radial or Below Elbow / Wrist Disarticulation) Its components includes trans radial kit and socket | 17000/- | 12000/- | Not Applicable |
| 3. | Trans Humeral or Above Elbow / Elbow Disarticulation Passive Prosthesis | Rs.20,000/- | Rs.10,000/- | Rs.5,000/- |
| 4. | Body Powered Prosthesis (Trans Humeral or Above Elbow / Elbow Disarticulation) | 28000/- | 22000/- | Not Applicable |
| 5. | Shoulder Disarticulation Passive Prosthesis | Rs.30,000/- | Rs.20,000/- | Rs.10,000/- |
| 6. | Shoulder Disarticulation body powered Prosthesis | Rs. 37,000/- | 28000/- | Not Applicable |

ANNEXURE-IE

HIGH END UPPER EXTREMITY PROSTHETICS (ADULT)

| Sl. No. | Name of Prosthesis | Approved Rate/Price (Above 12 years of age) | Approved Rate/Price CHILD (7-12 Years) | Approved rate/Price CHILD (0-6) Years |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|----------------------------------------|---------------------------------------|
| 1. | Externally Powered below elbow or Trans radial / Wrist Disarticulation prosthesis (It includes:- Hand, Lithium ion Battery (one pair) with cover, Electrodes, Wrist Unit Battery Charger & Transformer, Electrode cable, Connector block cable Silicone Glove, Flexible Inner Liner and socket, etc) | Rs.1,29,500/- | Not Applicable | Not Applicable |
| 2. | Externally Powered Trans Humeral / Elbow Disarticulation Prosthesis (It includes:- Hand, Lithium ion Battery (one pair) with cover, Electrodes, Wrist Unit, Mechanical Elbow, Battery Charger & Transformer, Electrode cable, Connector block cable Silicone Glove, Flexible inner Liner and sockets, etc) | Rs.1,76,500/- | Not Applicable | Not Applicable |
| 3. | Silicone Finger Prosthesis each | Rs.7000/- | Rs.5000/- | Not Applicable |
| 4. | Silicone Thumb Prosthesis | Rs.8000/- | Rs.6000/- | Not Applicable |
| 5. | Silicone Partial Hand Prosthesis | Rs.35000/- | Rs.25000/- | Rs.10,000/- |

ANNEXURE-IIA

SPINAL ORTHOTICS

| Sl. No. | Name of Prosthesis | Approved Rate/Price (Above 12 years of age) | Approved Rate/Price CHILD (7-12 Years) | Approved Rate/Price CHILD (0-6) Years |
|---------|------------------------------------------------------------------------------------|---------------------------------------------|----------------------------------------|---------------------------------------|
| 1. | Soft / Semi rigid Cervical Collar | 200/- | 200/- | Not Applicable |
| 2. | Philadelphia or Two post Cervical collar / Head Cervical Orthosis (Moulded collar) | 1500/- | 1500/- | 1200/- |
| 3. | Soft L.S. corset / Belt | 700/- | 500/- | Not Applicable |
| 4. | SOMI BRACE / Three Post Cervical Orthosis | 2000/- | 2000/- | Not Applicable |
| 5. | Four Post Cervical Orthosis | 1200/- | 1000/- | 800/- |
| 6. | Rigid L.S.O / Chair Back Orthosis | 1200/- | 1000/- | Not Applicable |
| 7. | Rigid TLSO / Taylor,s brace, Knight Taylor,s brace, William,s brace | 1500/- | 1200/- | 1000/- |
| 8. | Hyperextension brace / ASH / CASH / JEWETT BRACE | 1200/- | 1000/- | Not Applicable |
| 9. | CTLSO (MILWAUKEE BRACE) | 5000/- | 5000/- | Not Applicable |
| 10. | Head Cervical Thoraco Orthosis (HCTO) | 1500 | 1500/- | 1200/- |
| 11. | TLSO BI- Valve / Body Jacket | 3000/- | 3000/- | 2500/- |
| 12. | UNDER ARM BRACE (Boston Brace / Miami Brace / Wilmington Brace / NYOH Brace) | 3500/- | 3500/- | Not Applicable |
| 13. | HALO BRACE | 15000/- | Not Applicable | Not Applicable |

Abbreviations:

1. L.S.O--- Lumbo Sacral Orthosis
2. ASH- Anterior Spinal Hyperextension Brace
3. CASH-- Cruciform Anterior Spinal Hyperextension
4. TLSO---- Thoraco Lumbo Sacral Orthosis
5. CTLSO----- Cervical Thoraco Lumbo Sacral Orthosis

ANNEXURE-IIB

LOWER EXTREMITY ORTHOTICS

| Sl. No. | Name of Prosthesis | Approved Rate/Price (Above 12 years of age) | Approved Rate/Price CHILD (7-12 Years) | Approved Rate/Price CHILD (0-6) Years |
|---------|------------------------------------------------------------|---------------------------------------------|----------------------------------------|---------------------------------------|
| 1. | Soft Heel Pad / M.T. Pad with Insole (One Piece) | 200/- | 200/- | Not Applicable |
| 2. | Arch Support (Unilateral) | 300/- | 200/- | 200/- |
| 3. | Silicone / PU arch support (One Piece) | 350/- | 250/- | Not Applicable |
| 4. | Medial / Lateral Wedge | 100/- | 100/- | 100/- |
| 5. | Soft Insole cross link polymer (One Piece) | 100/- | 100/- | Not Applicable |
| 6. | Soft Insole (Plastozone) One Piece | 300/- | 200/- | Not Applicable |
| 7. | Silicone / PU Insole (One Piece) | 500/- | Not Applicable | Not Applicable |
| 8. | Silicone Heel Cushion (One Piece) | 300/- | Not Applicable | Not Applicable |
| 9. | Molded / customized Insole (One Piece) | 600/- | 500/- | 400/- |
| 10. | Silicone Toe separator (One Piece) | 200/- | 100/- | Not Applicable |
| 11. | UCBL (Unilateral) | 800/- | 600/- | 500/- |
| 12. | SMO without shoes (One Piece) | 1200/- | 1000/- | 800/- |
| 13. | Flat Feet / CTEV Shoes Pair (Leather) | 1200/- | 800/- | 700/- |
| 14. | Molded Shoe (Leather)-one side normal & one side affected | 2200/- | 1600/- | Not Applicable |
| 15. | Molded Shoe (Leather)-both side affected | 3000/- | 2000/- | Not Applicable |
| 16. | Shoe Raise | Rs. 50 per ½ inch | Rs. 50 per ½ inch | Not Applicable |
| 17. | Open toe shoes for paraplegic one pair | 1500/- | -Not Applicable | Not Applicable |
| 18. | D.B. Splint with / without shoe | Not Applicable | Not Applicable | 800/- |
| 19. | AFO Conventional (One Side) | 2500/- | 2000/- | 1500/- |
| 20. | AFO Conventional (Bilateral) | 3500/- | 2700/- | 2000/- |

| | | | | |
|-----|---------------------------------------------------------------|----------------|----------------|----------------|
| 21 | Polypropylene / Customized A.F.O without shoes | 1200/- | 1000/- | 800/- |
| 22. | FRO (Floor Reaction Orthosis) | 1800/- | Not Applicable | Not Applicable |
| 23. | Pneumatic walker | 3500/- | Not Applicable | Not Applicable |
| 24. | Knee Orthosis Polypropylene (Valgum /Varus, immobilizer etc.) | 1500/- | 1200/- | 900/- |
| 25. | P.T.B Brace without shoes | 1800/- | 1500/- | 1200/- |
| 26. | Knee Sleeve without hinge | 500/- | 500/- | Not Applicable |
| 27. | Knee Sleeve with hinge | 800/- | 800/- | Not Applicable |
| 28. | Off loader Knee Orthosis | 17000/- | Not Applicable | Not Applicable |
| 29. | KAFO conventional with shoe (One side) | 4000/- | 3200/- | 2000/- |
| 30. | Bilateral KAFO conventional with shoe | 5500/- | 4500/- | 4000/- |
| 31. | KAFO custom molded without shoe (One side) | 4000/- | 3200/- | 2000/- |
| 32. | Femoral Fracture Brace Non weight relieving | 1500/- | 1000/- | 800/- |
| 33. | Femoral Fracture Brace weight relieving | 4000/- | 3200/- | 2000/- |
| 34. | HKAFO Conventional with shoes (One side) | 5000/- | 4000/- | 3000/- |
| 35. | Bilateral HKAFO Conventional with shoes | 6500/- | 5500/- | 4500/- |
| 36. | HKAFO Polypropylene custom moulded without shoes (One side) | 5000/- | 4000/- | 3000/- |
| 37. | Trilateral Orthosis | 4000/- | 3200/- | 2000/- |
| 38. | HIP Abduction Orthosis (Conventional) | Not Applicable | 1000/- | 1000/- |
| 39. | Pavlik Harness for CDH | Not Applicable | Not Applicable | 2500/- |
| 40. | Hip Bracing (Immobilizer) | 2000/- | 1500/- | Not Applicable |
| 41 | SWASH Brace | Not Applicable | 18000/- | 18000/- |
| 42 | Reciprocating Gait Orthosis | 32000/- | Not Applicable | Not Applicable |

ANNEXURE-IIIC

UPPER EXTREMITY ORTHOTICS

| Sl. No. | Name of Prosthesis | Approved Rate/Price (Above 12 years of age) | Approved Rate/Price CHILD (7-12 Years) | Approved Rate/Price CHILD (0-6) Years |
|---------|----------------------------------------------------------------|---------------------------------------------|----------------------------------------|---------------------------------------|
| 1. | Finger orthosis static (One Piece) | 150/- | 100/- | 100/- |
| 2. | Finger orthosis dynamic (One Piece) | 200/- | 100/- | 100/- |
| 3. | Hand Orthosis | 400/- | 300/- | 300/- |
| 4. | Thumb Spica / stabilizer | 300/- | 200/- | 200/- |
| 5. | Knuckle bender | 500/- | 350/- | Not Applicable |
| 6. | Wrist Hand Orthosis (Static) P.P | 700/- | 500/- | 400/- |
| 7. | Wrist Hand Orthosis (dynamic) | 1000/- | 700/- | 500/- |
| 8. | Elastic Wrist Hand Orthosis | 400/- | 300/- | 200/- |
| 9. | Tennis Elbow support | 200/- | 200/- | Not Applicable |
| 10. | Adjustable arm sling | 300/- | 300/- | Not Applicable |
| 11. | Elbow orthosis (static) | 900/- | 700/- | 500/- |
| 12. | Elbow orthosis (Dynamic) | 1000/- | 800/- | 600/- |
| 13. | Fracture Brace (Below Elbow) | 1200/- | 800/- | 700/- |
| 14. | shoulder brace (Immobilizer) | 1000/- | 800/- | 700/- |
| 15. | Gun slinger shoulder orthosis | 1000/- | Not Applicable | Not Applicable |
| 16. | Humeral fracture brace without elbow hinge and forearm support | 1200/- | 800/- | 800/- |
| 17. | Humeral fracture brace with elbow hinge and forearm support | 1600/- | 1200/- | 1000/- |
| 18. | Shoulder Elbow Wrist Hand Orthosis (Air plane splint) | 2200/- | 1600/- | 1400/- |

ANNEXURE-III**MOBILITY AIDS**

| S.NO. | NAME OF ORTHOSIS | Approved Rate/Price (Above 12 years of age) | Approved Rate/Price CHILD (7-12 Years) | Approved Rate/Price CHILD (0-6) Years |
|-------|---------------------------------------------------------|---------------------------------------------|----------------------------------------|---------------------------------------|
| 1. | Walking Stick (Adjustable) Aluminium | 350/- | 350/- | Not Applicable |
| 2. | Tripod / Quadripod walking stick Aluminium | 750/- | Not Applicable | Not Applicable |
| 3. | Auxillary Crutch / Elbow crutch (Aluminium) Adjustable | 850/- | 650/- | Not Applicable |
| 4. | Walker/Rollator (Aluminium) | 1500/- | 1200/- | 900/- |
| 5. | C.P.Chair / C.P.Stand | Not applicable | 7300/- | 7000/- |
| 6. | Commode Chair | 2500/- | 2500/- | Not Applicable |
| 7. | Wheel Chair Folding (Chrome Plated) | 7000/- | 4000/- | Not Applicable |
| 8. | Motorized Wheel chair | | | |
| | (i) Quadriplegic wheel chair with Chin and Head Control | 1,10,000/- | Not Applicable | Not Applicable |
| | (ii) Quadriplegic wheel chair with joy stick | 60,000/- | Not Applicable | Not Applicable |
| | (iii) Motorized wheel chair (Handle driven) | 35,000/- | Not Applicable | Not Applicable |
| 9. | Tricycle Hand Propelled | 6000/- | Not Applicable | Not Applicable |