

**Review of Systemic discrepancies and grey areas in SST billing and align practices in accordance with the Revised CGHS Rate Circular dated 03.10.2025**, including Vigilance observations and ESIC Referral Policy 2023.

The point to point explanation/suggestion/solutions to the discrepancies received from vigilance branch have been provided:

Points	Discrepancy	Solution
<p><b>Point No - 1: - Combination of CGHS package and Non CGHS Package case</b></p>	<ol style="list-style-type: none"> <li>1. Those cases where CGHS Package is not specified, at the time of referring the patient due to the emergency condition of the patient and the referring doctor has only provided a general guideline or name of treatment procedure on the P1 form.</li> <li>2. These patients are usually kept in ICU for initial few days to stabilize the patient condition and necessary investigations/treatment are carried out to arrive at a final diagnosis. Subsequently, based on the final diagnosis, rest of the treatment/surgical procedure is performed.</li> <li>3. In above scenario, the TUH usually claims bills based on the CGHS rate for each item until the final diagnosis is determined. Once the diagnosis is established, if the treatment protocol falls under a predefined package, subsequent treatment is then claimed according to the package rate set by CGHS.</li> </ol>	<ul style="list-style-type: none"> <li>● As per latest CGHS guidelines and rates dated 03/10/2025, duly adopted by ESIC vide Circular no. U-16012/2/2023 dated 07/11/2025. All NCHI/ICU/Critical care cases under Superspeciality department should be sent with reassessment period and If not mentioned then 3 days are to be considered. But all field units must ensure reassessment days preferably not more than 3 days to be mentioned with reason thereof to avoid non package and package amalgamation and further billing ambiguity or non standard deduction.</li> <li>● Definition of CGHS Package Rate : The CGHS Package Rate shall be construed as an all-inclusive lump sum cost, applicable from the time of admission to the time of discharge, encompassing the entire treatment cycle of an inpatient/day care/diagnostic procedure for which the CGHS beneficiary has been permitted treatment—either through prior approval or in emergency cases.</li> <li>● Individual steps of a procedure should not be itemized or charged separately. All integral steps are deemed included within the package. The package</li> </ul>

		<p>should fully cover the scope of the procedure as per standard clinical protocols.</p> <ul style="list-style-type: none"> <li>The package rates also includes:ICU/ICCU charges , O2 charges, and Ventilator charges as routinely required, if any etc.</li> </ul>
<p><b>Point No – 2: - Ambiguity between major and minor procedures.</b></p>	<p>As per the Terms &amp; Conditions related to Treatment, Packages and Rates of the agreement between D(M)D and TUHs <i>“If one or more minor procedures forms a part of major treatment procedure, then package charges would be permissible for major procedure and only 50 % of charges admissible for minor procedure.”</i></p> <ol style="list-style-type: none"> <li>However, it has been observed that procedures listed in the CGHS rate list lack clear classification as major or minor treatment procedures. Consequently, during the billing scrutiny process, it is left to the discretion of the user to decide whether procedure is major or minor and which makes significant difference in the payment outcomes, even in cases that appear similar.</li> <li>Currently, ESIC approvers usually consider most expensive treatment procedure as major one and deducting 50% from rest of the treatment procedures</li> </ol>	<ul style="list-style-type: none"> <li>As per latest CGHS guidelines and circular dated 03/10/2025, duly adopted by ESIC vide Circular no. U-16012/2/2023 dated 07/11/2025.</li> </ul> <p>Multiple Surgical Procedures in One OT Session</p> <ul style="list-style-type: none"> <li>When multiple surgeries are performed in a single operative session:</li> <li>The primary procedure (with the highest package rate) to be reimbursed at 100%.</li> <li>The second procedure to be reimbursed at 50% of its package rate.</li> <li>The third and subsequent procedures to be reimbursed at 25% of their respective package rates</li> <li>If identical surgeries are performed at different anatomical sites (e.g., bilateral cataract or bilateral knee replacement), the second procedure to be reimbursed at 50%.</li> <li>Any procedure within the package period of an earlier procedure to be reimbursed</li> </ul>

	claimed by the tied-up hospital (TUH).	at 75% of the applicable package rate.
<b>Point No – 3: - Categorization of major and minor procedure in of cancer surgeries</b>	<ol style="list-style-type: none"> <li>1. With regard to the reimbursement of claims related to cancer surgeries, the CGHS circular dated 07.09.2015 stipulates that payments for surgeries will be based on the grades of the surgery (Grade I to Grade VI).</li> <li>2. In cases of cancer, it is common for multiple surgeries to be conducted within a single operation. It has been observed that TUH typically claims the cost of each surgery according to the grade specified in the CGHS circular.</li> <li>3. Presently, ESIC approvers generally reimburse the full amount for the highest-grade surgical procedure and apply a 50% deduction to each of the remaining surgical procedures.</li> </ol>	<ul style="list-style-type: none"> <li>• As per TATA Memorial cancer surgery rates vide CGHScircular-S-11045/36/2012-CGHS(HEC)</li> <li>• Dated 26.11.2014 and</li> <li>• S-11011/48/2014-CGHS(HEC)Dated 18.02.2015.</li> <li>• Cancer Surgery with higher grade to be considered as Major surgery (Primary Surgery) as these are more complex and time-consuming surgeries.</li> <li>• Surgery with lower grade to be considered as minor (second surgery/procedure) as these are simple and less time-consuming surgeries.</li> </ul>
<b>Point No – 4: - 10% deduction on treatment procedures rates for general ward entitled patient</b>	<ul style="list-style-type: none"> <li>• As per the CGHS term &amp; condition "<i>the package rates prescribed in the CGHS package rate list are for semi-private ward. If the beneficiary is entitled for general ward, there will be a decrease of 10 % in the rates, for private ward entitlement there will be an increase of 15%. However, the rates shall be same for investigation irrespective of entitlement, whether the patient is admitted or not and the test per-se, does not require admission.</i>"</li> </ul>	<ul style="list-style-type: none"> <li>• As per latest CGHS circular dated 03.10.2025.</li> <li>• Monitoring charges and O2 charges are included in ICU/ICCU/NICU/PICU/HDU/ ISOLATION ward</li> <li>• Ventilator charges are Excluded.</li> <li>• Rates for consultations, radiotherapy, investigations, day care procedures, and minor procedures not requiring admission to remain uniform, irrespective of the ward entitlement.</li> </ul>

	<ul style="list-style-type: none"> <li>● Further as per ESIC Headquarters' circular dated 05.04.2017 it has been instructed that there will be <i>"No deduction or enhancement for Radiotherapy, Physiotherapy, Echocardiography, Dobutamine Stress Echocardiography."</i></li> </ul> <p>However, it has been observed that in most of the cases, both BPA and ESIC approvers are not implementing a 10% deduction on various entities specified as treatment procedures in the CGHS rate list but there are exceptions, as a few ESIC approvers adhere to this deduction. These include, but are not limited to:</p> <ul style="list-style-type: none"> <li>● Inpatient consultation charges,</li> <li>● Compressed air/piped oxygen,</li> <li>● Ventilator charges,</li> <li>● Resuscitation charges,</li> <li>● In patient Hemodialysis procedures,</li> <li>● PICC line,</li> <li>● Urinary bladder catheterization,</li> <li>● Chemotherapy,</li> <li>● Endoscopic procedures etc.</li> </ul>	<ul style="list-style-type: none"> <li>● Urinary catheterization PICC line are Minor procedure</li> <li>● Chemotherapy is a day care procedure and not requiring admission.</li> <li>● For In-Patient hemo-dialysis and endoscopy procedures 5% deduction to be done for general ward.</li> <li>● No 5% deductions required in other minor/day care procedures.</li> <li>● In case of exclusive radio-therapy permission only, admission of patient in tie-up hospital to be discouraged.</li> </ul>
<p><b>Point No – 5:- whether compressed air/piped oxygen rate and ventilator charges are included in the</b></p>	<ul style="list-style-type: none"> <li>● In CHGS circular dated 12.04.2023 the ICU charges were revised to Rs 5400 per day which also includes room rent. It has been observed that many of the TUH are charging oxygen charges @ Rs 58/hrs and/ or Ventilator charges @ Rs 611/day in</li> </ul>	<ul style="list-style-type: none"> <li>● Monitoring charges and O2 charges are included in ICU/ICCU/NICU/PICU/HDU/I SOLATION ward</li> <li>● Ventilator charges are excluded</li> </ul>

<p><b>ICU charges i.e. Rs5400.</b></p>	<p>addition to ICU charges. As there is no clarity whether the oxygen rates and ventilator charges are included in the ICU charges or not many of the ESIC approvers are deducting compressed air/piped oxygen charges and ventilator charges claimed by TUH but some location allowing it without any deduction.</p>	
<p><b>Point No – 6:- whether Coronary Angiography should be considered for 50 % deduction as minor procedure along with other treatment procedures like PTCA with/without VCD &amp; CABG</b></p>	<ul style="list-style-type: none"> <li>It has been observed that in cases where coronary angiography has been done as investigative procedure to diagnose the extend of blockage in coronary arteries and subsequently cardiac interventions like PTCA or CABG done if warranted, in most of the cases 50 % of the cost of coronary angiography has been deducted after considering it as minor procedure being done with PTCA/ CABG.</li> </ul>	<ul style="list-style-type: none"> <li>As per latest CGHS circular dated 03.10.2025. Multiple Surgical Procedures in One OT Session : <ul style="list-style-type: none"> <li>When multiple surgeries are performed in a single operative session:</li> <li>The primary procedure (with the highest package rate) to be reimbursed at 100%.</li> <li>The second procedure to be reimbursed at 50% of its package rate.</li> </ul> </li> </ul>
<p><b>Point No - 7: - charges incurred on Blood &amp; blood component charges, costly injections or consumables etc.</b></p>	<ul style="list-style-type: none"> <li>As per CGHS circular dated 01.10.2012 &amp; 01.08.2013 CGHS Package Rate include all type of charges permitted for treatment from the time of admission to discharge but it has been observed that many of the TUH claims for the payment incurred on blood &amp; blood component charges (platelets concentrate, single donor platelets (SDP) , pooled donor platelets (PDP) etc.) or costly injections/medications or</li> </ul>	<ul style="list-style-type: none"> <li>Hospital/Blood bank can charge only for processing charges for blood and blood components as per CGHS rates list.</li> <li>Charges for blood component to be given as per NBTC (National Blood Transfusion Council) Guidelines circular dated 12/02/2014 and Circular from Ministry of Health and Family Welfare dated 21 August 2017 D.O. No.: S-12016/01/2012-NACO(NBTC).</li> </ul>

	<p>consumables used during the treatment in addition to the package rate. It has been observed that at some of the location BPA/ESIC approvers are allowing these additional payment and others are deducting the same.</p>	<p>and IM11012/07/2022/NBTC dated 14/06/2022.</p>
<p><b>Point No. 8 :- Commonly encountered investigations/ procedures for which CGHS/AIIMS rates are not available</b></p>	<p>As per the term &amp; conditions of the agreement signed with the TUH, 15% deduction on the rates of TUH is being done for investigations/procedures for which CGHS/AIIMS rates are not available. However, it has been found that different TUH charges different rates for the same investigations /procedures.</p> <p>Few examples of such investigations and procedures are listed below:</p> <ol style="list-style-type: none"> <li>1. KOH Mount Fungal Culture Serum/fluid ADA levels</li> <li>2. Galactomannan Antigen Fecal calprotectin</li> <li>3. IL-6 levels Trop-I</li> <li>4. Nebulization charges</li> <li>5. Ryle's tube insertion</li> <li>6. Ultrasound mammography</li> <li>7. Ultrasound Chest</li> <li>8. CT urography</li> <li>9. Esophageal dilatation Colonoscopy</li> <li>10. Tacrolimus levels by CMIA IHC - Final Diagnosis Panel Cryptococcal Antigen</li> <li>11. Sustained low-efficiency dialysis</li> <li>12. Panel markers</li> </ol>	<ul style="list-style-type: none"> <li>● CGHS has provided codes for all of the mentioned unlisted investigations as per circular dated 03.10.2025.</li> <li>● KOH Mount (Code 311)</li> <li>● Fungal Culture Serum/fluid (Code 209)</li> <li>● ADA levels (Code 187)</li> <li>● Galactomannan Antigen (Code 326)</li> <li>● Fecal calprotectin (Code 259)</li> <li>● IL-6 levels Trop-I (Code 274)</li> <li>● Nebulization charges (Code 1155)</li> <li>● Ryle's tube insertion (Code 1157)</li> <li>● Ultrasound mammography (Code 363)</li> <li>● Ultrasound Chest (Code 361)</li> <li>● CT urography (Code 410)</li> <li>● Esophageal dilatation (Code 1307)</li> <li>● Colonoscopy (Code 1304)</li> <li>● Tacrolimus levels by CMIA (Code 248)</li> <li>● IHC - Final Diagnosis Panel- (Code 27)</li> <li>● Cryptococcal Antigen (Code 215)</li> <li>● Sustained low-efficiency dialysis (Code 1684)</li> <li>● Panel markers (Code 688, 323, 545, 560, 568, 592, 603, 632, 542)</li> <li>● All MS of ESIC/ESIS Hospitals are requested to provide comprehensive list of all procedures/surgeries,</li> </ul>

		<p>investigations not covered under revised CGHS rates/guidelines dated 03-10-2025</p> <ul style="list-style-type: none"> <li>• <b>The same list of unlisted procedures/investigations will be compiled by SST branch- Hq and forwarded to CGHS authority for including those unlisted procedures/ investigations in CGHS rate List after due approval of the competent authority.</b></li> </ul>
<p><b>Point No. 9 :-</b> <b>Charges incurred on some specific consumable items in the bills claimed under Non-CGHS package rate.</b></p>	<p>It has been observed that there is a difference of opinion among the ESIC approvers regarding some of the specific consumable items claimed in the bills under Non-CGHS package rate by the TUHs. Some of the units are allowing the cost incurred on these consumables while other are deducting the same.</p> <p>Few examples of such consumables are listed below:</p> <ol style="list-style-type: none"> <li>1. Dialyzer F6</li> <li>2. HME filter</li> <li>3. ECG Electrode</li> <li>4. Ventilator Kit</li> <li>5. Nebulizer Mask</li> <li>6. Brain circuit</li> <li>7. BT set</li> <li>8. Flow regulator</li> <li>9. Uro Beg</li> <li>10. Urometer</li> <li>11. T Oxygenator</li> <li>12. Respirometer</li> <li>13. HI mask</li> <li>14. Hemodialyser</li> <li>15. Gloves</li> </ol>	<ul style="list-style-type: none"> <li>• As per New CGHS circular dated 03.10.2025,</li> <li>• Essentially, any item that is by-nature a part of performing a test or procedure or running a ward facility cannot be carved out to charge extra.</li> <li>• List of non-admissible item mentioned in Table 2.</li> <li>• <b>This list includes commonly non-admissible items and services that cannot be billed to CGHS.</b></li> <li>• Admissible and Non-Admissible Items (Billing Guidelines) in Annexure IV.</li> </ul>

	<p>16. Cannula 17. Cannula fixator 18. ECG Electrodes 19. Syringes 20. Tegaderm 21. Ryle's tube 22. Foly's catheter</p>	
<p><b>Point No. 10 :-</b> <b>Rate of Arteriovenous fistula for Dialysis in Chronic Kidney Disease ( CKD) cases</b></p>	<p>All CKD patients require formation of AV fistula for haemodialysis. CGHS rate for creating AV fistula for haemodialysis (Code 822) is Rs 2645 for NABH accredited hospitals. As per the inputs received from ESIC units earlier the TUHs were refusing such patient citing various reasons as the CGHS rate is very low. Now, most of the TUHs are claiming bills for creation of AV fistula under the CGHS code no 553 i.e. Vascular Repair @ Rs 41400 for NABH accredited hospitals.</p>	<ul style="list-style-type: none"> <li>• As per latest CGHS circular dated 03-10-2025, the charges for AV fistula for haemodialysis Sr. No. 1670, Code No. NU106 is Rs.20,000/- for NABH accredited hospital in X category cities.</li> <li>• This amount is reasonable for AV fistula for haemodialysis in TUH.</li> <li>• The surgeon nephrologist/vascular surgeon of ESIC hospital should be trained for making AV fistula for haemodialysis in their institutes in welfare of ESIC beneficiaries (In- house services).</li> </ul>
<p><b>Point No. 11: -</b> <b>10% deduction in respect of admitted dialysis patients.</b></p>	<p>As per ESIC Headquarters' circular dated 16.03.2016 it has been instructed that there will be "No reduction of ,10% from Dialysis rate notified by CGHS is to be made in respect of general ward if the dialysis is being   provided on OPD basis."</p> <p>The order clearly mentioned regarding no deduction is to be made if the dialysis is being provided on "OPD basis" but it has been observed that both BPA and ESIC `approvers are also not making any deduction on inpatient cases also.</p> <p>Therefore, a clarification is required whether exemption on 10 % deduction on Dialysis rate</p>	<p>As per latest CGHS guidelines and rates dated 03-10-2025,</p> <p>No deduction to be done in case of haemolysis done in OPD patients as it is a day care procedure and no admission is required.</p>



	will be applicable if the dialysis is being done on inpatient cases.	
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Encl: Revised CGHS Rate Circular dated 03.10.2025