

## NOTIFICATION

Public Health Department  
G.T. Hospital Compound, 10<sup>th</sup> Floor,  
New Mantralaya, Mumbai 400 001

**Dated: - 3<sup>rd</sup> June, 2021**

### References:

- 1) The Epidemic Diseases, 1897.
- 2) The Disaster Management Act, 2005.
- 3) Indian Penal Code, 1860.
- 4) The Maharashtra Essential services Maintenance (Amendment) Act, 2011.
- 5) The Maharashtra Nursing Home (Amendment) Act, 2006.
- 6) Bombay Public Trusts Act, 1950 (for short B.P.T Act)
- 7) Public Health Department Notification No. MUCOR-2021/C.R.205/Arogya-5, dated 25.05.2021.

**No.MUCOR-2021/C.R.257/Arogya-5:-** Whereas the State Government has recorded more than 57 lakhs COVID cases since March 2020 and since last few months there has been sudden increase in the cases of Mucormycosis in post COVID and COVID 19 patients within the state of Maharashtra. State of Maharashtra has recorded more than 5000 Mucormycosis cases and already declared as a notified disease and accordingly in exercise of the powers conferred as per the enabling provisions of all above Acts, has issued notification referred in Sr.No.7 above.

Whereas the public Charitable Trusts registered under the provisions of the Bombay Public Trusts Act, 1950 (for short 'B.P.T. Act') which are running Charitable Hospitals, including nursing homes or maternity homes or any other center for medical relief and whose annual expenditure exceeds Rs.5 Lacs are " State aided public trust " within the meaning of clause 4 of section 41AA;

Whereas The public Charitable Trust covered by aforesaid paragraph are under legal obligation to reserve and earmark 10% of the total number of operational beds for indigent patients and provide medical treatment to the indigent patients free of cost and reserve and earmark 10% of the total number of operational beds at concessional rate to the weaker section patients as per the provisions of section 41 AA of the B.P.T. Act;

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Whereas a large number of persons affected by Mucormycosis are in need of treatment at various Hospitals, Nursing Homes (hereinafter referred as Healthcare Providers) registered under Bombay Nursing Home (Amendment) Act, 2006 are treating such patients;

Whereas many Healthcare Providers in Mumbai, Thane, Navi Mumbai, Panvel and Pune have specific agreements/ understanding with General Insurance Public Sector Associations (GIPSA) as a member of Preferred Private Network (PPN) regarding rates of various treatment packages and some Healthcare Providers in Mumbai are not part of GIPSA- PPN;

Whereas many Healthcare Providers situated in State of Maharashtra are not part of GIPSA- PPN and have their own specific agreements/ understanding with various Third Party Administrators (TPA) regarding rates of various treatment packages and each Healthcare Provider may have different rates for same treatment packages among various TPAs operating in that Healthcare Provider;

Whereas some hospitals in the State of Maharashtra are neither part of GIPSA-PPN nor having agreements/ understanding with any TPA;

Whereas expenses towards treatment of persons insured for IRDA approved healthcare products treated in GIPSA-PPN or network of hospitals empanelled by various TPAs at specific package rates agreed by them are borne by the insurer.

Whereas under the state's flagship scheme integrated Mahatma Jyotirao Phule Jan Arogya Yojana and Pradhan Mantri Jan Arogya Yojana many Mucormycosis and suspected Mucormycosis patients are taking free treatment. However the persons who are not covered by any health insurance product or who have exhausted their health insurance cover are being charged exorbitantly by private healthcare providers causing hardships to public in general during the pandemic situation.

Whereas section 2 (a) (iii) of the Maharashtra Essential Services Maintenance Act, 2005 defines any service connected with the maintenance of Public Health and Sanitation including hospitals and Dispensaries as Essential Service; Whereas large number grievances regarding exorbitant amount of money being charged by the Healthcare Providers registered under Bombay Nursing Home (Amendment) Act, 2006 causing hardship to the public in general were received from Mucormycosis and suspected Mucormycosis patients.

*Areena*



Therefore, in exercise of the powers conferred as per the enabling provisions of all the above referred Acts, to redress the grievances regarding exorbitant amount of money charged by Healthcare Providers to the Mucormycosis and suspected Mucormycosis patients who are not covered by any health insurance product or any bilateral agreement / MOU between any hospital and private corporate group and who have exhausted their such health insurance cover, all the Healthcare Providers functioning in the State of Maharashtra are hereby directed that:

- 1) The Charitable Trusts registered under the provisions of the B.P.T. Act which are running Charitable Hospitals, including nursing home or maternity home, dispensaries or any other center for medical relief shall make all possible efforts to discharge their obligations as per provisions of section 41AA of the B.P.T. Act before applying any charges to any eligible patient.
- 2) Healthcare providers shall make all attempts to increase their bed capacity [subject to norms prescribed in The Maharashtra Nursing Home (Amendment) Act 2006] to accommodate maximum number of Mucormycosis patients.
- 3) For Mucormycosis and suspected Mucormycosis Patients treated at any of the Hospitals/Nursing homes/Clinics covered under this notification across Maharashtra, rates shall not be more than rates prescribed in Annexure-A & Annexure-B.
- 4) There shall be no difference in the quality of treatment being meted out to patients treated against rates prescribed by this notification and insured patients.
- 5) Items/Services which are not part of GIPSA-PPN or TPA package rates, shall not be charged more than 10 percent markup on Net Procurement cost incurred. For PPE kit maximum chargeable amount has been mentioned in this notification. If any of the items mentioned here are used for more than one patient then the prescribed cost may be divided among such patients.
- 6) Healthcare Providers shall display at prominent place the details of rates applicable for Mucormycosis or suspected Mucormycosis patients as per this notification and bifurcation of patients admitted against rates prescribed by this notification and patients with health insurance cover. It is the duty of the concerned Healthcare

*Ajeet*



Provider to explain to the patient/ relatives of the patient details of all types of charges. The Healthcare Provider shall provide this information to Competent Authorities (respective Municipal Commissioner/ District Collector) at a frequency prescribed by such authorities.

- 7) The package rate fixed in this Notification for charging patients has prescribed Doctors' fees & the Healthcare Provider concerned has the inclusive of Doctors fees & the concerned healthcare provider has right to call such of its visiting Doctors to render the required services & pay such amount as it decides for the said services out of the package amount so charged. Any denial by the doctors will attract penal action under various Statutes referred to in this Notification including cancellation of MMC Registration.
- 8) Nursing and other support staff working in the Healthcare Provider shall give full support and extend wholehearted cooperation for the smooth functioning of the Healthcare Provider which comes under Maharashtra Essential Services Maintenance Act, 2005. Any group or union activities against the smooth function of the Healthcare Provider will attract penal provisions under the said Act.
- 9) All hospitals shall give pre-audited bill to the patient. If at a later date it is found that extra charges have been levied then excess amount shall be reimbursed to the patient. Respective District Collectors and Municipal Commissioner shall appoint auditors in such hospitals/facilities to ensure issuance of pre-audited bills to each and every patient and its relatives.
- 10) Any hospital found violating any provision of this notification shall be deemed to have committed an offence and shall be liable for cancellation of registration of nursing home and offence under Indian Penal Code shall be registered.
- 11) Hospitals empanelled under the integrated Mahatma Jyotirao Phule Jan Arogya Yojana and Pradhan Mantri Jan Arogya Yojana shall treat the patients as per the terms and conditions of their Service Level Agreement regarding the schemes.
- 12) Mucormycosis, as a sequelae of COVID-19, requires high end treatment, both in the way of medical management & surgeries. This includes a long stay in the hospital to ensure quality treatment & complete remission from the disease.

*Dechana*



The Cost Components involved are Stay in the Hospital which includes Consultations, Medicines, Nursing, Diagnostics, based on a Per Diem Basis. Hence, in a **Conservative Case, the Bill of the Patient will consist of Per Diem Rate + additional payment for excluded components in the Per Diem Cost.**

The **Cost Component in a Surgery** is the cost of the Procedure which include Surgeon, Asst. Surgeons' & Anesthetists Fees + OT Charges + Drugs + Consumables, Disposables, Oxygen utilized during the Surgery. Hence, in a Surgical Case, the Bill of the patient will consist of **Per Diem Cost as per Stay in Hospital + additional payment for excluded components in the Per Diem Cost + Prescribed Procedure cost.**

**Per Diem Cost & Exclusions** will be based on the Categorization of the Districts of the State of Maharashtra into 3 strata, A, B & C, as per Annexure A.

In case of Surgical Cases, the **Cost of Procedure** will be based on Annexure B.

- 13) Any other Surgery/Procedure, not prescribed in Annexure B, to be charged at Applicable Rack Rate as per Hospital Charges, as on 31st Dec 2019.
- 14) Definitions, Operational Guidelines & illustrations are as per Annexure C.
- 15) Devices, Prosthesis being utilized during surgery will be paid up to 110% of Net Procurement cost
- 16) The rates prescribed by this notification are applicable to Mucormycosis patients or suspected Mucormycosis patients irrespective whether such patients are referred by competent authorities or not.

Therefore for implementation of the above provisions, the competent authority at the State level shall be the Chief Executive Officer, State Health Assurance Society, Public Health Department, The competent authority at District Level (for areas excluding Municipal Corporations) shall be District Collector and in Municipal Corporation areas the concerned Municipal Commissioner shall be competent authority to take appropriate action as provided in The Epidemic Diseases Act, 1897, The Disaster Management Act, 2005, The Maharashtra Essential Service

*Aruna*

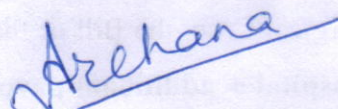


Maintenance (Amendment) Act 2011, The Mumbai Nursing Home (Amendment) Act 2006, The Bombay Nursing Home Registration (Amendment) Act, 2006 and The Bombay Public Trusts Act, 1950 for any violation of these directions.

This notification shall come in effect from date of issue of this notification and shall remain in operation till 31.07.2021.

All private hospitals, nursing homes and health care providers shall act accordingly.

By order and in the name of Governor of Maharashtra



(Archana Walzade)

Under Secretary, Government of Maharashtra

**Copy to:**

- 1) Principal Secretary to Hon'ble Governor, Rajbhavan, Mumbai.
- 2) Addl. Chief Secretary to Hon'ble Chief Minister, Mantralaya, Mumbai.
- 3) Principal Secretary to Hon'ble Deputy Chief Minister, Mantralaya, Mumbai.
- 4) Hon'ble Minister (Health & Family Welfare), Mantralaya, Mumbai.
- 5) Hon'ble Minister of State (Health & Family Welfare), Mantralaya, Mumbai.
- 6) Chief Secretary, Mantralaya, Mumbai.
- 7) Additional Chief Secretary/ Principal Secretary/ Secretary, Mantralaya, Mumbai. (All)
- 8) Secretary, Maharashtra Legislature Secretariat, Vidhan Bhavan, Mumbai.
- 9) Commissioner, Health Services Cum Mission Director, NHM, Mumbai
- 10) Charity Commissioner, M.S., Mumbai
- 11) Chief Executive Officer, State Health Assurance Society, Worli, Mumbai
- 12) All Divisional Commissioners
- 13) All District Collectors
- 14) All Municipal Commissioners
- 15) All Chief Executive Officers, Zilla Parishad
- 16) Director, Health Services- I/II, Mumbai/ Pune.
- 17) Additional Director, Health Services (All)
- 18) Joint Director, Health Services (All)
- 19) Deputy Directors, Health Services (All)
- 20) Civil Surgeons (All)
- 21) District Health Officers (All)
- 22) District Malaria Officers (All)
- 23) Deputy Secretary to Chief Secretary, Mantralaya, Mumbai
- 24) All joint/ Deputy Secretary, Under Secretary, Section Officers, Public Health Department
- 25) President, India Medical Association
- 26) PA to Principal Secretary, Public Health Department
- 27) Select File: Arogya - 5.



# Annexure A (Page 1)

**Maximum rates which can be charged to Mucormycosis patients (Applicable throughout Maharashtra for all health care Providers)**

Packages	Rate in INR per day	Inclusions	Exclusions
Charges for ward +/- Isolation	A Class Cities 4000  B Class Cities 3000  C Class Cities 2400	<b>This includes -</b> <ul style="list-style-type: none"> <li>Monitoring &amp; investigations like CBC, Urine Routine, HIV Spot Anti HCV, Hbs Ag, Serum Creatinine, USG, 2D ECHO, X Ray, ECG, Drugs, Oxygen charges</li> <li>Consultation charges of physician/intensivist</li> <li>Bed charges</li> <li>Nursing charges</li> <li>Meals</li> <li>Procedures like Ryles tube insertion, urinary tract Catheterization</li> <li>Blood Products</li> <li>IV Fluids</li> </ul>	<b>Does not include-</b> <ol style="list-style-type: none"> <li>PPE- (Hospitals can charge Rs.600/- (maximum) per patient per day for stay in ward and Rs.1200 /- maximum per patient per day for stay in ICU. Any charge more than this towards PPE needs to be justified</li> <li>Interventional Procedures like but not limited to, Central Line insertion, Chemoport Insertion, bronchoscopic procedures, biopsies, ascetic/ pleural tapping, etc, which may be charges at the rack rate as on 31<sup>st</sup> Dec 2019.</li> <li>High end drugs like immunoglobulins, Meropenem, Parenteral Nutrition, Remdesivir, Flavipiravir, Antifungals, Tocilizumab, etc. - to be charged to a maximum of 110% of Net procurement rate (as per actual quantity used for the concern patient)</li> <li>High end investigations like CT scan, MRI, PET scan or any lab investigation not included in the previous column- to be charged at rack rates of hospital as on 31<sup>st</sup> Dec 2019.</li> <li>Visit by a Specialist (Neurologist, ENT, Ophthalmologist, Maxillofacial surgeon etc.) apart from physician/intensivist each visit will incur INR 500/- per visit.</li> </ol>
Charges for ICU without ventilator +/- Isolation	A Class Cities 7500  B Class Cities 5500  C Class Cities 4500		
Charges for ICU with ventilator +/- Isolation	A Class Cities 9000  B Class Cities 6700  C Class Cities 5400		

**\*Classification of Cities (A Class Cities, B Class Cities & C class Cities/areas) as per page 2 of Annexure A.**



## Annexure A (page 2)

## Classification of Cities

Classification	Name of the Group of Cities	Areas incorporated in the group
A Class cities/Areas	Mumbai	1) Brihanmumbai MCGM 2) Mira Bhayander MNC 3) Thane MNC 4) Navi Mumbai MNC 5) Kalyan Dombivali MNC 6) Ulhasnagar MNC 7) Ambernath MC 8) Kulgaon Badlapur MC 9) Panvel MC
	Pune	1) Pune MNC 2) Pune Cantonment 3) Khadki Cantonment 4) Pimpri Chinchwad MNC 5) Dehu Road cantonment 6) Dehu C.T.
	Nagpur	1) Nagpur MNC 2) Digdoh C.T. 3) Wadi C.T.
B Class Cities/Areas	Nasik	1) Nashik MNC 2) Eklahare C.T. 3) Devlali Cantonment 4) Bhagur MC
	Amravati	Amaravati MNC
	Aurangabad	1) Aurangabad MNC 2) Aurangabad Cantonment
	Bhiwandi	1) Bhiwandi Nijampur MNC 2) Khoni C.T.
	Solapur	Solapur MNC
	Kolhapur	1) Koplhapur MNC 2) Gandhinagar C.T.
	Vasai Virar	Vasai Vairar MNC
	Malegaon	1) Malegaon MNC 2) Dhaygaon O.G. 3) Daregaon O.G. 4) Soygaon C.T. 5) Dyane C.T. 6) Malde C.T.
	Nanded	Nanded Waghala MNC
	Sangli	1) Sangli Miraj Kupwad MNC 2) Madhavnagar C.T.
	All District Headquarters other than those mentioned in A Class and B Class cities mentioned above this row.	District Headquarter means areas within the limits of respective Municipal Corporations and Municipal Councils of such District Headquarters.
C Class Cities/Areas	Other than A and B Class Cities	

\* C.T. Census Town &amp; \* O.G. Out Growth



ANNEXURE B PROCEDURE COST					
			Cost of Procedure		
Sr #	Speciality	Name of the procedure	"A"Class Cities	"B"Class Cities	"C"Class Cities
1	Cardiac And Cardiothoracic Surgery	Lobectomy	1,00,000	75,000	60,000
2	Cardiac And Cardiothoracic Surgery	Pneumonectomy	1,00,000	75,000	60,000
3	ENT Surgery	FESS	55,000	41,250	33,000
4	ENT Surgery	Radical fronto ethmo sphenodectomy	45,000	33,750	27,000
5	ENT Surgery	Intra Nasal Ethmoidectomy	35,000	26,250	21,000
6	ENT Surgery	Ant. Ethmoidal artery ligation	35,000	26,250	21,000
7	ENT Surgery	Ethmoidectomy - External	40,000	30,000	24,000
8	ENT Surgery	Mastoidectomy	65,000	48,750	39,000
9	ENT Surgery	Nasal polypectomy	42,000	31,500	25,200
10	ENT Surgery	Septo-rhinoplasty	44,000	33,000	26,400
11	ENT Surgery	Maxillectomy	38,000	28,500	22,800
12	ENT Surgery	Endoscopic DCR	45,000	33,750	27,000
13	ENT Surgery	Endoscopic Sinus Surgery	40,000	30,000	24,000
14	Neurosurgery	Skull base surgery	1,00,000	75,000	60,000
15	Neurosurgery	Excision of Benign Orbital Tumour	55,000	41,250	33,000
16	Neurosurgery	Proptosis	59,000	44,250	35,400
17	Neurosurgery	Evacuation Of Brain Abscess - Burr Hole	60,000	45,000	36,000
18	Neurosurgery	Excision Of Brain Abscess	67,000	50,250	40,200
19	Ophthalmology Surgery	Orbitotomy	55,000	41,250	33,000
20	Ophthalmology Surgery	Canaliculo Dacryocysto Rhinoplasty	40,000	30,000	24,000
21	ORTHOPAEDICS	Large Wound Debridement	38,000	28,500	22,800
22	ORTHOPAEDICS	Amputation above elbow/ knee	54,000	40,500	32,400
23	Pulmonology	Lung Abscess, Non Resolving	68,000	51,000	40,800
24	Surgical Oncology	Maxillofacial Reconstruction	90,000	67,500	54,000
25	Surgical Oncology	Orbital Exenteration	47,000	35,250	28,200
26	Surgical Oncology	Cranio Facial Resection	90,000	67,500	54,000
27	Surgical Oncology	Wide Excision for tumour	60,000	45,000	36,000
28	Surgical Oncology	Diagnostic Sinography	10,000	7,500	6,000

\*Classification of Cities (A Class Cities, B Class Cities & C class Cities/areas) as per page 2 of Annexure A

*Aneekana*



## Annexure C

### Definitions, Operational Guidelines & Illustrations

#### Operational Definitions -

1. **Net Procurement Cost** - Procurement Cost of Item by the Hospital (Drugs/equipment etc.)
2. **Cost of Procedure in case of a Surgery** - Includes the Cost of the Procedure, OT Charges, Surgeon & Asst. Surgeons' Fees & Anesthetist Charges & OT Drugs including Oxygen, Consumables, Disposables, Equipment used during surgery
3. **Single Seating Surgery** - In case of a Surgical case where more than one surgery is conducted in the same seating, the calculation of the rate will be as per prescribed Surgery rates in a Descending order - 100% to the highest cost surgery, 50% to the next surgery & 25% for any subsequent surgery.
4. **Different Seating Surgery** - In cases of Surgical Cases, where Surgery is done as a repeat or different surgery conducted on a different date but within the same episode of hospitalization, the Surgery will be paid at 100% in case of single procedure & will follow the above principle in case of multiple surgeries in same seating.
5. Devices, Prosthesis being utilized during surgery will be paid up to 110% of Net Procurement cost
6. Any other Surgery, not prescribed in Annexure B, to be charged at Rack Rate as per Hospital Charges as per 31<sup>st</sup> Dec 2019
7. In case, any of the Hospital Charges are less than the ones prescribed, the lower rates of the Hospital will apply.

#### **GUIDELINES FOR UTILIZATION -**

- All Conservative Cases will be billed as per Length of Stay & Type of Stay (Ward/ICU/ICU with ventilator), with additional cost of excluded components in the Per Diem Cost

**EXAMPLE** - Patient with Mucormycosis, admitted for 15 days in a "A" Class City Hospital for medical management with IV Fluids, Antibiotics & Antifungals & other supplemental treatment. The patient was in ICU without Ventilator for 8 days & in the Ward for 7 days. He was referred to an Ophthalmologist & an ENT Surgeon & has undergone an MRI Chest

#### **Bill Components -**

8 X 7500 (ICU in "A" City) = INR 60000/-

7 X 4000 (Ward in "A" City) = INR 28000/-

ENT Reference = INR 500/-

Ophthalmologist Reference = INR 500/-

MRI Chest ( as per Hospital rack rate ) = INR 5000/-

**Total Bill = INR 94000/-**

- Surgical Cases will be billed as Cost of Procedure, Per Length of Stay & Type of Stay, with additional cost of excluded components in the Per Diem Cost.

**EXAMPLE - SINGLE SURGERY PATIENT**

*Archan*



Patient with Mucormycosis, admitted for 25 days in a "B" Class City Hospital for Surgical management with IV Fluids, Antibiotics & Antifungals & other supplemental treatment. The Surgery done on the patient was Craniofacial Resection. The patient was in ICU without Ventilator for 12 days & in the Ward for 13 days. He was referred to an Ophthalmologist, an ENT Surgeon & a Neurosurgeon. Has been given 10 doses of Amphotericin B & undergone an MRI Chest

**Bill Components -**

Cost of Procedure (Craniofacial Resection) in B Class City = INR 67500/-

12 X 5500 (ICU in "B" City) = INR 66000/-

13 X 3000 (Ward in "B" City) = INR 39000/-

ENT Reference = INR 500/- per visit

Ophthalmologist Reference = INR 500/- per visit

Neurosurgeon Reference = INR 500/- per visit

**Basic Bill = INR 174000 /- + 110% of \*\*Net Procurement cost of Amphotericin B + MRI Chest Rack rate of hospital as on 31<sup>st</sup> Dec 2019.**

**EXAMPLE - MULTIPLE SURGERY PATIENT**

Patient with Mucormycosis, admitted for 20 days in an "A" Class City Hospital for Surgical management with IV Fluids, Antibiotics & Antifungals & other supplemental treatment. The Surgery done on the patient was Craniofacial Resection + FESS + Debridement. The patient was in ICU without Ventilator for 12 days & in the Ward for 8 days. He went through a Followup Sinogram on the 19<sup>th</sup> day of admission. He was referred to an Ophthalmologist, an ENT Surgeon & a Neurosurgeon. Has been given 7 doses of Amphotericin B & undergone an MRI Chest

**Bill Components -**

Cost of Procedure\_1 - INR 127000/-

1. Craniofacial Resection in A Class City = INR 90000 /- (100%)

2. FESS in A Class City = INR 55000/- (50%)

3. Debridement in A Class City = INR 38000/- (25%)

Cost of Procedure\_2 - INR 10000/- (Different Seating)

1. Diagnostic Sinogram in A Class City = INR 10000/-

12 X 7500 (ICU in "A" City) = INR 90000/-

8 X 4000 (Ward in "A" City) = INR 32000/-

ENT Reference = INR 500/- per visit

Ophthalmologist Reference = INR 500/- per visit

Neurosurgeon Reference = INR 500/- per visit

**Basic Bill = INR 260500 /- + 110% of \*\*Net Procurement cost of Amphotericin B + MRI Chest Rack rate of hospital as on 31<sup>st</sup> Dec 2019.**

*Ajeetha*

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