

Government of West Bengal
Department of Health and Family Welfare
State Family Welfare Bureau,
Wing-A, 3rd Floor, Swasthya Bhawan,
GN 29, Sector V, Salt Lake, Kolkata 700091

Memo No. H/SFWB/3J-01-2014/2409

Dated.....10/02....., 2014

Memorandum

Subject: Guideline for providing free Diagnostics under JSSK to Pregnant women (during ANC/INC/PNC period) and Sick infants attending the OPD or IPD of Govt. Institutions.

Under JSSK, all Pregnant women and Sick infants up to 1 year of age attending OPD or IPD of a Govt. Institution, are provided with free services, free drugs and consumables, free diagnostic services, free blood transfusion, free diet and free transport without their having to incur any out of pocket expenditure.

In the letter of the Addl. DHS (FW) & SFWO, West Bengal, Memo No. HF/PPP/13/2012/928(3), dated 22.08.2012, the Standard Diagnostic tests under JSSK for Pregnant women and Sick infants to be provided are mentioned. As per above letter, the existing norm of providing above standard diagnostic tests is as follows:-

1. **Govt. Institutions where the mentioned tests are done:** The Pregnant women and sick infants will get the benefit of above tests without any charges.
2. **Govt. Institution where the mentioned test are not done but a Laboratory under PPP are running there:** The Pregnant women and Sick infants will get the benefit of above tests without any charges and the laboratory under PPP will be paid for conducting the tests at existing PPP approved rate from that Govt. Institution on a monthly basis after submission of bill of tests and photocopy of advice for such test from JSSK fund.
3. **Govt. Institution where the mentioned test are not done and there is no laboratory under PPP:** If the Pregnant women and Sick infants have been advised for diagnostic tests that were considered essential, the tests may be done from outside laboratory and the patient party may be reimbursed in cash for the tests done as per Govt. rate from JSSK fund before discharge on receipt of Photocopy of the bill and advice for the tests.

Now after careful consideration, the Government has decided following norms for the Govt. Institutions where mentioned tests under JSSK are not done and no laboratory under PPP is running there :-

The In charge of the Govt. Institution will tie up with local licensed laboratories to provide above mentioned tests as per approved PPP rate. The In charge of the Govt. Institution will invite Expression of Interest from local laboratories in this regard and will empanel the laboratories who will respond to it. The Medical Officer will advise for such tests for pregnant women and sick infants and will issue a requisition slip for such tests in duplicate of which one will be handed over to the beneficiary and other will be preserved at the office of the In charge of the Institution. The pregnant women and sick infants will attend such empanelled laboratories for the tests and the tests will be done there free of cost for the beneficiary on submission of the requisition. The empanelled laboratories will submit bill monthly along with the requisition issued by the Medical Officer to the In charge of the Institution and the laboratories will be reimbursed against the bill from JSSK fund after cross verification of both copies of requisition and bill by the office of the In charge of the Institution.


STANDARD DIAGNOSTIC SERVICES UNDER JSSK WITH APPROVED PPP RATE:
A. FOR PREGNANT WOMEN :-

Sl. No	Name of Tests / Investigation	Approved rate (In Rupees)
1	Blood Hb%, TC, DC, ESR	25
2	Platelet Count	20
3	Blood Sugar (Fasting / PP / Radom)	15 (each)
4	Blood Urea	15
5	Blood Creatinine	17
6	Blood Grouping & RH Factor	20
7	Blood Sugar, Urea & Creatinine combined	45
8	Bleeding Time / Clotting Time	25
9	Blood VDRL	20
10	Blood Australia Antigen	50
11	Blood HIV / AIDS (if not done in ICTC)	200
12	Blood Malaria Test (Slide) : if not done under National Programme in Institution	30
13	Blood Malaria Antigen : if not done under National Programme in Institution	150
14	Urine Albumin / Sugar	10 (each)
15	Urine Pregnancy Test	25
16	Urine Culture / Blood Culture / Pus Culture	50 (each)
17	Urine / Stool for RE	10 (each)
18	Stool for Occult Blood	10
19	USG Pregnancy	200
20	ECG	25

B. For Infants :-

Sl.No	Name of Tests / Investigation	Approved rate (In Rupees)
1	Blood Hb%, TC, DC, ESR	25
2	Blood Grouping and RH factor	20
3	Bleeding Time / Clotting Time	25
4	Blood HIV / AIDS (if not done in ICTC)	200
5	Serum Bilirubin	25
6	Coombs test	70
7	Serum Electrolyte	30 (each)
8	Urine Albumin / Sugar	10 (each)
9	USG : Whole Abdomen	350
10	USG : Liver, GB, Pancreas, Spleen / Upper Abdomen / Lower abdomen	225 (each)
11	X-Ray Chest (One Film)	70

The In charge of the Govt. Institution will submit a list of Empanelled Laboratories to the CMOH of respective district. The CMOHs will submit the district and facility wise list of Empanelled Laboratories to the state.


**Commissioner, FW & Secretary to
 Government of West Bengal,**

Copy forwarded for information & necessary action to :-

1. The Director of Medical Education & e.o. Secretary, Govt. of West Bengal
2. The Director of Health Services & e.o. Secretary, Govt. of West Bengal
3. The Executive Director, WBSH&FW Samiti
4. The Additional Mission Director, NRHM, West Bengal
5. The Director (Finance), State FMG, West Bengal
6. The SFWO, West Bengal
7. The Jt. DHS (FW), West Bengal
8. The DDHS (MCH), West Bengal
9. The ADHS (MH), West Bengal
10. The District Magistrate, _____
11. The CMOH, _____
12. The DADHS (CH), West Bengal
13. The DFWO, Kolkata
14. The Dy. CMOH III _____
15. The DMCHO _____
16. The Programme Officer, NRHM
17. The PS to MOS of this department
18. Dr. Suman Biswas, TO SPSRC & Spoke Person of the Department
- ✓ 19. The System Coordinator IT Cell with a request to post a copy of this memorandum in the departmental website
20. The Sr. PA to the Principal Secretary


Commissioner, FW & Secretary to
Government of West Bengal,

Serial No. :

**Requisition Slip for Diagnostic test under JSSK
(First copy to be issued to the patient and
Second copy shall be kept with office of the In charge of the Institution.)**

Name of the Hospital / Institution:

Name of the Patient:.....

Registration No: Date:

Name of the tests	Remarks any
1.	
2.	
3.	

Signature of MO

Full Name of MO :.....

Name of Institution